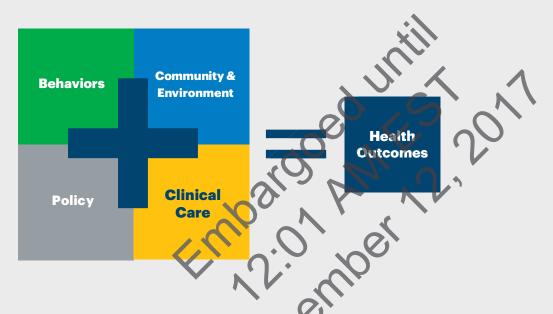


A call to action for individuals and their communities





America's Health Rankings® was built upon the World Health Organization definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Our model reflects that determinants of health directly influence health outcomes, with determinants accounting for three-quarters and outcomes accounting for one-quarter of each state's overall score and ranking. Four categories of determinants are included in our model of health: Behaviors, Community & Environment, Policy and Clinical Care.

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Executive Summary

OVERVIEW

America's Health Rankings® presents its nual Report, providing new insights to the longest-running as nent of the nation's health on a state-by-state basis.

The 2017 report looks at 35 measures covering behaviors, community and environment, policy, clinical care and outcomes data. The report also serves as a benchmark for states - and the nation - to measure progress, identify emerging trends and drive action for improving public health.

This year, the report eveals that the nation is facing serious public health challenges, including rising rates of premature death and an uneven concentration of key health care providers

United Health Foundation, through America's Health Rankings platform, helps policy-makers, public health officials, researchers and communities improve the health, well-being and health each at the local, state and national level.

Executive Summary

THE NATION FACES CONCERNING TRENDS IN MORTALITY

Across the U.S., the premature death rate (the number of years of potential life lost before age 75) increased for the third straight year, reaching 7,214 years lost before age 75 per 100,000 population. This recent rise is concerning, particularly after the premature death rate declined dramatically by 20 percent from

2017 also saw increases in the rates of cardiovascular and drug deaths nationwide. Cardiovascular deaths increased in the U.S. for the second consecutive year. The rate among blacks is significantly higher than the rate among whites, Hispanics, Asians and American Indians/Alaska Natives. Drug deaths continued on an upward trend, increasing by 7 percent to the highest level recorded by America's Health Rankings (15.0 deaths per 100,000 population) and were particularly high among whites.

PREMATURE DEATHS **DRUG DEATHS** In the past year **CARDIOVASCULAR DEATHS**

Since 2015

MORTALITY RATES ARE INCREASING M MANY **HIGHLY FOR OVERALL HEALTH**

The report finds that over the past five years, even some of the nation's healthiest states by overall rank have experienced notable increases in key measures of mortality. Three northeastern states that regularly rank toward the too in overall health have experienced large increases in drug deaths.

- New Hampshire's rate increased by 118 percent (additional 13.2 deaths per 100,000 population).
- Massachusetts' rate increased by 69 percent (additional 3.1 deaths per 100,000 population).
- Rhode Island's rate increased by 56 percent (additional 8.9 deaths per 100,0000 population).

This trend is also true for cardiovascular deaths. Although ranked as the fourth healthiest state this year, Utah experienced one of the largest increases in the rate of cardiovascular deaths (additional 21.9 deaths per 100,000 population) from 2012 to 2017.



MASSACHUSETTS is ranked the healthiest state, but has experienced a large increase in the drug death rate since 2012.



UTAH is ranked the fourth healthiest state. but has one of the largest increases in the cardiovascular death rate since 2012.

While key mortality rates have increased nationally, the burden has not been felt evenly by all states. For example:

- Nevada's rate of cancer deaths declined, but its rate of cardiovascular deaths increased since 2012 (from 191.3) to 189.7 deaths per 100,000 population and 271.9 to 285.0 deaths per 100,000 population, respectively).
- Meanwhile, Louisiana's rate of drug deaths increased from 13.7 to 17.7 deaths per 100,000 population over the past five years, but cancer and cardiovascular deaths declined during the same period (by 1.0 deaths per 100,000 population and 2.3 deaths per 100,000 population, respectively).

WIDE VARIATION ACROSS THE COUNTRY IN THE CONCENTRATION OF HEALTH **CARE PROVIDERS**

This year's report also examined the concentration of key health care providers, including mental health providers, primary care physicians and dentists, and found wide variation across the country.

Nationwide, the concentration of mental health providers varies most widely, with some states having six times the number of mental health providers per 100,000 population than other states.



Massachusetts has the highest concentration of mental health providers (547.3 per 100,000 population)



abama has nen**tal heal**th providers (85.0 per 100,000 population)

The distribution of primary care physicians and dentists also varies across the country by approximately two to one. Rhode Island Massachusetts, New York and Connecticut have more than 200 primary care physicians per 100,000 population compared with fewer than 100 physicians per 100,000 in Utah and Idaho. Similarly, Massachusetts and New Jersey have more than 80 dentists per 100,000 population, while Arkansas, Mississippi, Alabama and Delaware have fewer than 45 dentists per 100,000 population,

Massachusetts, Connecticut New York and Rhode Island have more than

Utah and Idaho have fewer than



Similarly, Massachusetts and New Jersey have more than

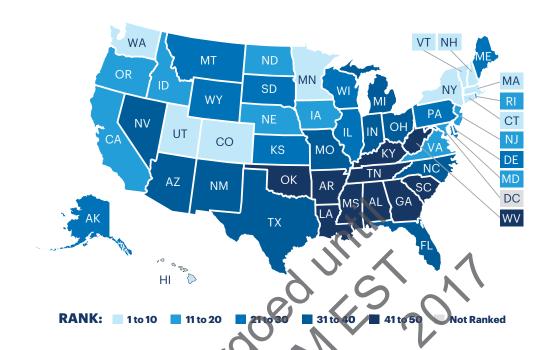
Arkansas, Mississippi, Alabama and Delaware have fewer than





Executive Summary

2017 STATE RANKINGS



while Hawaii — which has held the top spot for This year, Massachusetts ranks as the healthies the past five years — drops to second. Vermont (No. 3), Utah (No. 4) and Connecticut (No. 5) round out the top five states for overall he



For the second year in a row, Mississippi (No. 50) has the greatest opportunity for improvement in overall health. Louisiana (No. 49), Arkansas (No. 48) and Alabama (No. 47) maintained their rankings from last year, while West Virginia fell three places (No. 46) to round out the five states with the most significant areas of opportunity for improvement in health and well-being.



Florida and Utah experienced the largest rank improvements since last year, rising four places in the rankings to No. 32 and No. 4 in the country, respectively. Florida's improvements include positive changes in its rankings for the percentage of children in poverty and frequent mental distress since 2016. Utah also improved its rankings for several measures in the same time period, including air pollution and immunizations among children.

North Dakota experienced the largest rank decline, falling seven places in the rankings to No. 18 in the country. The state's rankings for smoking, Salmonella and immunizations among children all declined in the past year.

The States That Made the **Biggest Improvement in Rank**





The State With the **Largest Rank Decline**



For the 28th year, America's Health Rankings provides data and insights on a national and state-bystate level, which can be used to drive action in improving the health of our communities. While the report highlights significant challenges facing our country, United Health Foundation also recognizes cross-stakeholder collaboration has resulted in local successes, which may have potential for adaptation across geographies. Community leads is looking to improve the health of where they live are encouraged to leverage the report's findings, along with additional data available on the America's Health Rankings® website, to identify opportunities for improvement.

America's Health Rankings® Annual Report

Introduction

The United Health Foundation is excited to release the 2017 America's Health Rankings® Annual Report, which is the longest-running annual assessment of the nation's health on a state-by-state basis. For 28 years, the report has analyzed a comprehensive set of behaviors, community and environmental conditions, policies, as well as clinical care and outcomes data to provide a holistic view of the nation's health. This year, the report evaluates 35 core measures across these categories.

The longevity of the report and wealth of credible data available for analysis provide a unique opportunity to track short- and longterm successes as well as identify current and emerging challenges to our nation's health. The entire report is available as an interaction web tool that allows users to explore health measures and state data for custom comparisons.

America's Health Rankings Annual Report strives to improve U.S. public health by:

- 1. **Providing a benchmark for states.** This report is vital for gauging how the health of each state's population changes by year and decade. The report also facilitates comparisons. How does each state's health compare with the health of other states and the nation overall? Data for many measures extend back to 1990 and are invaluable when forming a wide-angle, holistic view of state s. health. America's Health Rankings nnual Report presents findings "from the ront lin**es" of p**opulation health, revealing encouraging and troubling trends over time.
- Stimulating action. This is the overarching purpose of the report — to be a catalyst for data-driven discussions that can drive positive change and improve health. States incorporate the report into their annual review of programs, and many organizations use the report as a reference point when assigning goals for health-improvement programs.

The 2017 America's Health Rankings Annual Report reveals distressing increases in mortality measures. In the past year, the premature death rate increased again. Since 2015, the premature death rate increased 3 percent or the equivalent of 217 years lost before age 75 per 100,000. The drug death rate continued its upward trend, increasing 7 percent to 15.0 deaths per 100,000

in the past year, a new high. The report also highlights that the number of health care providers per state varies greatly and primary care physicians, mental health providers and dentists are not equally represented within states.

On a positive note, smoking prevalence, the rate of preventable hospitalizations and the percentage of the population without health insurance continue to fall.

When reading the America's Health Rankings Annual Report, it is important to read beyond the rankings. Every state has strengths and challenges. Additionally, each measure does stand alone but is a strand in the web of and everyday life of Americans. For example, a change for the good in physical mactivity could affect obesity, diabetes, cardiovascular deaths and other measures.

America's Health Rankings website, www. AmericasHealthRankings.org, allows users to read and download the report as well as stud and analyze the data by state or by measure of interest. A detailed view of this reports available in the Learn section. The Explore section provides tools to visualize variations in rankings geographically and by demographic characteristics.

In sum, America's Health Rankings Annual Report provides a continually evolving snapshot of state and national health, yields insights on how each state's health changes and — most importantly — enables action that makes communities and states healthier.

Overview

The 2017 America's Health Rankings Annual Report finds:

- · For the first time, Massachusetts ranks as the healthiest state.
- Florida (No. 32) and Utah (No. 4) made the biggest improvements.
- For the third consecutive year, premature death increased nationally. Cardiovascular deaths and drug deaths also increased.
- · States have unique successes and challenges. Some states are making improvements in areas the nation is struggling with, such as drug deaths, smoking, obesity and diabetes, while several of the highest ranking stat experiencing increases in measure mortality.
- · Long-term challenges remain infant mortality and low birthweigh
- The number of primary care physicians dentists and mental health providers 100,000 population varies widely Mental health providers is a new the 2017 edition.
- · Each state has a different profile of high health status prevalence when examined by gender, race and ethnicity, household income, education and urbanicity.

State Rankings

Figure 1 lists the 2017 state scores sorted by rank and depicts how much a state is above or below the national average. Table 1 shows the 2017 rankings in alphabetical order and Figure 2 displays the rankings on a U.S. map.

Healthiest States

Massachusetts ranks No. 1 this year, up from No. 2 in 2016. This is the first time Massachusetts attained top ranking, thus ending Hawaii's fiveyear reign as the healthiest state. Massachusetts has steadily progressed from No. 11 in 1990 to 2012. The other top-five states in 2017 are Vermont (No. 3), Utah (No. 4) and b. 5). Utah replaces Minnesota 6) in the top five this year.

lassachusetts' strengths include the lowest ntage of uninsured at 2.7 percent of the pulation, a low prevalence of obesity and a high number of mental health providers. The state is challenged by a high preventable hospitalization rate high drug death rate and large disparities in health status by educational attainment. Massachusetts has reduced smoking prevalence 5 percent in the past five years, from 18.2 percent in 2012 to 13.6 percent of adults in 2017. In the past two years, the percentage of children in poverty in the state decreased 38 percent from 17.6 percent to 11.0 percent of children.

Most Challenged States

The bottom-five states in 2017 are Mississippi (No. 50), Louisiana (No. 49), Arkansas (No. 48), Alabama (No. 47) and West Virginia (No. 46). West Virginia replaced Oklahoma (No. 43) in the bottom five. Mississippi and Louisiana have major health challenges, including a high prevalence of smoking, obesity and children in poverty. These challenges contribute heavily to poor rankings and make it difficult for these two states to rise above No. 49 and No. 50. Figure 1 shows the large difference between the bottom two states and No. 48 Arkansas.

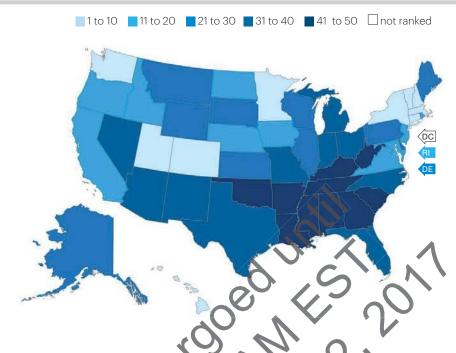
Figure 1 2017 scores* sorted by rank

Table 1 2017 alphabetical ranking

Massachusetts	2017 Rank	State	Score*
Hawaii	47	Alabama	-0.762
Vermont		Alaska	-0.073
Utah	31	Arizona	-0.110
Connecticut	48	Arkansas	-0.772
Minnesota		California	0.354
Colorado	7	Colorado	0.624
New Hampshire	5	Connecticut	0.699
Washington	30	Delaware	-0.096
New York	32	Florida	-0.154
Rhode Island	41	Georgia	-0.432
New Jersey	2	Hawaii	0.845
Nebraska	14	Idaho	0.384
Idaho	27	Illinois	0.029
Iowa	38	Indiana	-0.357
Maryland	15	lowa	0.376
California	25	Kansas	0.123
North Dakota	$\frac{1}{42}$	Kentucky	-0.512
Virginia		Louisiana	-0.908
Oregon		Maine	0.207
Wisconsin	16/	Maryland	0.359
Montana		Massachusetts	0.916
Maine	35	Michigan	-0.206
South Dakota		Minnesota	0.676
Kansas	50	Mississippi	-1.036
Wyoming	40	Missouri	-0.420
Illinois	$\frac{40}{22}$	Montana	0.233
Pennsylvania	13	Nebraska	0.403
Alaska	37	Nevada	-0.285
Delaware	<u>37</u>	New Hampshire	0.622
Arizona	12	New Jersey	0.469
Florida	36	New Mexico	-0.245
North Carolina	10	New York	0.507
	33	North Carolina	
Texas			-0.178
Michigan	18	North Dakota	0.332
New Mexico	39	Ohio	-0.410
Nevada	43	Oklahoma	-0.594
Indiana	20	Oregon	0.297
Ohio	28	Pennsylvania	0.014
Missouri		Rhode Island	0.472
Georgia	44	South Carolina	-0.611
Kentucky	24	South Dakota	0.200
Oklahoma	45	Tennessee	-0.637
South Carolina	34	Texas	-0.187
Tennessee	4	Utah	0.734
West Virginia	3	Vermont	0.789
Alabama	19	Virginia	0.303
Arkansas	9	Washington	0.520
Louisiana	46	West Virginia	-0.696
	01		
Mississippi	21	Wisconsin	0.273

^{*} Weighted standard deviation relative to U.S. value. A score of 0.000 is equal to the U.S. value.

Figure 2 2017 ranking U.S. map



Largest Changes in Ranking Since 2016

In the past year, Florida (No. 32) and Utah (No. 4) made the most improvement in rank, each state rising four places (Table 2). Flo rankings in children in poverty, disparity in health status and frequent mental distress improved. Utah's rankings in air politition, immunizations among children and disparit in health status improved. North Dakota fell seven places. North Dakota's ranking for smoking, Salmonella and immunizations among children dropped.

Largest Changes in Ranking Since 2012

New York made the largest gain, moving from No. 18 in 2012 to No. 10 this year. Montana rose six places from No. 28 in 2012 to No. 22 this year. North Dakota lost the most ground, moving from No. 10 to No. 18. Maine (No. 15 to No. 23) and Wisconsin (No. 13 to No. 21) each dropped eight places.

Largest Changes in Ranking Since 1990

It is noteworthy that since the inception of the rankings in 1990, New York rose 30 places

Largest changes in ranking since 2016 (One-year change)

Improved Ranking	2016 Ranking	2017 Ranking	Change
Florida	36	32	4
Utah	8	4	4
Kentucky	45	42	3
New York	13	10	3
Oklahoma	46	43	3
Rhode Island	14	11	3
Colorado	10	7	3

Declined Ranking	2016 Ranking	2017 Ranking	Change
North Dakota	11	18	-7
Missouri	37	40	-3
New Jersey	9	12	-3
West Virginia	43	46	-3

(No. 40 in 1990 to No. 10 this year). Vermont improved 17 places (No. 20 to No. 3), and Maryland moved up 15 places (No. 31 to No. 16). North Dakota fell 17 places since 1990 (No. 1 to No. 18), and Missouri slipped 16 places (No. 24 to No. 40).

Figure 3 America's Health Rankings model of health



Model of Health Category Rankings

America's Health Rankings are built upon the World Health Organization definition of health "Health is a state of complete physical, mental and social well-being and not merely the absenof disease or infirmity." The model used for the rankings reflects that determinants of health shown on the left in Figure 3 — directly influence health outcomes.

Not all states perform equally well in these five categories of health, as reflected in Table 3. The five shades of blue identify how the model categories of health vary within a state. The lightest shade indicates a ranking in the top 10 states, and the darkest shade indicates a ranking in the bottom 10 states. For example, West Virginia ranks No. 46 and is in the bottom 10 states for Behaviors, Clinical Care and Outcomes measures; but West Virginia ranks much stronger in Policy measures at No. 12. In contrast, Utah ranks high overall at No. 4 but only ranks No. 35 in Policy measures.

"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."

Table 3 **Rankings by model categories**

	Overall Ranking	Behaviors	Community & Environment	Policy	Clinical Care	Health Outcomes
Massachusetts	1	3	3	1	1	9
Hawaii	2	5	4	4	3	4
Vermont	3	10	2	2	2	14
Utah	4	1	9	35	6	2
Connecticut	5	4	15	6	4	10
Minnesota	6	14	10	10	8	1
Colorado	7	9	5	20	9	3
ew Hampshire	8	20	1	7	5	20
Washington	9	12	20	15	11	11
New York	10	13	18	8	10	16
Rhode Island	11	17	13	3	7	29
New Jersey	12	6	12	26	12	18
Nebraska	13	19	18	19	ìô	8
Idaho	14	11	11	25	14	17
lowa	15	18	17	11	20	1
Maryland	16	7	22	17	13	26
California	17	2	43	29	18	15
North Dakota	18	33	14		22	5
Virginia	19	8	6	39	19	23
Oregon	20	27	16	34	17	24
Wisconsin	21	23	21	9	21	21
Montana	22	16	23	41	23	12
Maine	23	29	3	22		33
South Dakota	24	21	25	37	26	6
Kansas	25	22	24	28	25	22
Wyoming	26	34	7	48	29	19
Illinois	27	2.3	38	21	27	28
Pennsylvania	28	31	37	13	24	31
, Alaska	29	40	49	45	34	13
Delaware	30	30	34	5	28	34
Arizona	31	25	45	40	33	25
Florida	32	28	28	46	32	30
North Carolina	33	26	31	30	31	36
Texas	34	15	37	50	38	27
Michigan	35	44	29	18	30	38
New Mexico	36	36	47	31	36	32
Nevada	37	32	32	43	35	35
Indiana	38	40	27	32	37	41
Ohio	39	46	33	24	40	39
Missouri	40	39	35	42	41	40
Georgia	41	35	39	33	42	37
Kentucky	42	47	26	16	39	46
Oklahoma	43	37	41	49	43	45
South Carolina	44	42	46	44	46	42
Tennessee	45	43	40	35	45	44
West Virginia	46	48	36	12	44	50
Alabama	47	38	48	23	47	49
		45	42	27	48	47
	48		74			
Arkansas Louisiana	48 49	- 50	50	38	49	43

Successes

Smoking

National

In the past year, the percentage of adults who reported smoking at least 100 cigarettes in their lifetime and who currently smoke decreased 2 percent from 17.5 percent to 17.1 percent of adults. In the past five years, the prevalence of smoking decreased 19 percent from 21.2 percent of adults to 17.1 percent. Nationally, smoking prevalence is significantly higher (based on nonoverlapping 95 percent confidence intervals) in men than women as well as in adults aged 25 and older without a high school degree compared with those with higher levels of education. In the past five years, the prevalence of smoking decreased the most among adults aged 18 to 44 compared with adults aged 45 to 64 and adults aged 65 and older.

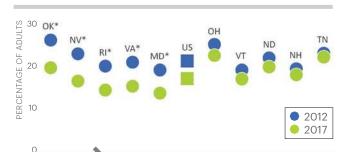
State

In the past five years, adult smoking declined in all 50 states - decre significantly in 39 states and the District of Columbia. Figure 4 shows the largest. percentage point decreases in prevalence of smoking between 2012 and 20 occurred in Oklahoma (26.1 percent 19.6 percent), Nevada (22.9 percent to 16 percent) and Rhode Island (20.0 percent) 14.4 percent). The smallest decreases past five years occurred in New H and Tennessee.

Nevada, Illinois and Wisconsin experienced the largest five-year decrease in smoking prevalence among adults aged 25 and older without a high school degree (Figure 5). Conversely, Tennessee, Maine and North Dakota experienced the largest five-year increase in smoking prevalence among adults aged 25 and older without a high school degree. Similarly, in the past five years West Virginia, South Dakota and North Dakota experienced the largest increase in the prevalence of smoking among adults aged 25 and older with a household income less than \$25,000.

Figure 4 **Smoking in 2012 and 2017**

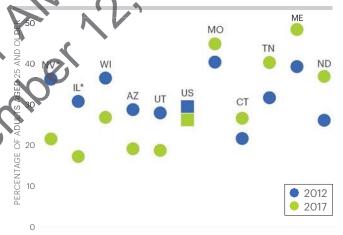
Shown are the five states with the largest and smallest percentage point decreases displayed in relation to the **United States**



icant difference between 2012 and 2017 estimates * Statistio erlapping 95 percent confidence intervals.

noking among adults aged 25 and older without a high school degree in 2012 and 2017

e five states with the largest and smallest percentage point decreases and increases displayed in to the United States



* Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Some states have smaller disparities in smoking prevalence compared with the nation. California, Massachusetts and Texas have a prevalence of smoking that is similar among adults aged 25 and older without a high school degree, with a high school degree and with some college. These states rank in the top 10 for smoking. Smoking prevalence among those with a college degree, however, remains significantly lower than those with other educational levels in all states and the District of Columbia.

Air Pollution

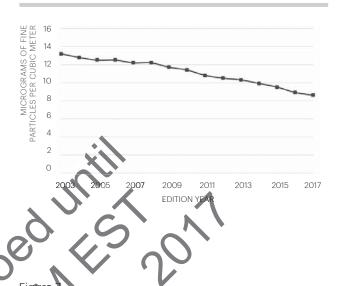
National

Air pollution, measured as the average exposure of the general public to particulate matter of 2.5 microns or less in size, has decreased yearly since America's Health Rankings started tracking it in 2003 (Figure 6). In the past five years, the level of air pollution decreased 18 percent from 10.5 to 8.6 micrograms of fine particles per cubic meter. In the past 10 years, the level of air pollution decreased 30 percent from 12.2 micrograms of fine particles per cubic meter to 8.6.

State

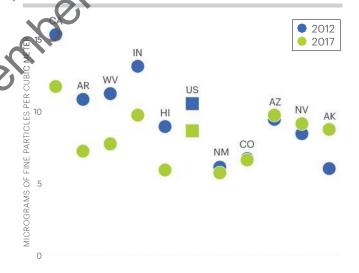
Between 2012 and 2017, the largest decreases in air pollution levels occurred in California (15.3 micrograms of fine particles per cubic meter to 11.7), Arkansas (10.8 to 7.2), West Virginia (11.2 to 7.7), Indiana. (13.1 to 9.7) and Hawaii (8.9 to 5.9) (Figur 7). Air pollution in Alaska increased from 6.0 to 8.7 micrograms of fine particles per cubic meter. Nevada and Arizona als experienced small increases

Figure 6 Air pollution, 2003 to 2017



Air pollution in 2012 and 2017

Shown are the five states with the largest decreases in micrograms of fine particles and five states with the smallest decreases or increases displayed in relation to the United States



Children in Poverty

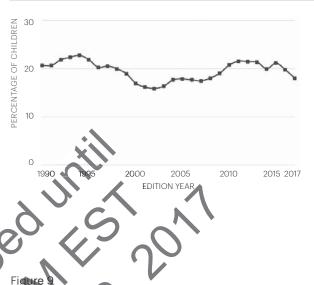
National

The percentage of children younger than 18 who live in households at or below the poverty threshold decreased for the second consecutive year (Figure 8). Children in poverty decreased 9 percent from 19.7 percent to 18.0 percent of children in the past year, and it decreased 15 percent in the past two years. The percentage of children in poverty, however, is 14 percent above its 25-year low of 15.8 percent of children in 2002.

State

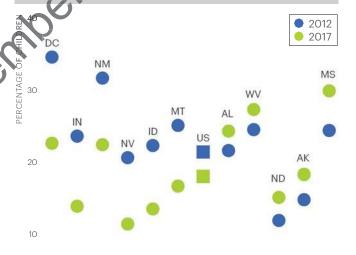
Between 2012 and 2017, the percentage of children in poverty in the District of Columbia, Indiana, New Mexico and Nevada decreased 9 percentage points or more (Figure 9). During the same time period, the largest increases in the percentage of children in poverty occurred in North Dakota, Alaska and Mississippi.

Figure 8 Children in poverty, 1990 to 2017



Children in poverty in 2012 and 2017

shown are D.O and the five states with the largest percentage point decreases and increases displayed in relation to the United States



Uninsured

National

In the past five years, the percentage of the population that does not have health insurance privately, through an employer or through the government decreased 44 percent from 16.0 percent to 9.0 percent (Figure 10). This decline coincides with the enactment of the Affordable Care Act.

State

In the past five years, the largest percentage point decline in the percentage of uninsured occurred in California, New Mexico, Nevada, Arkansas and Louisiana (Figure 11). The smallest change occurred in Maine and Massachusetts, two states that already had low percentages of uninsured compared with other states in 2012.

Figure 10 Uninsured, 2002 to 2017

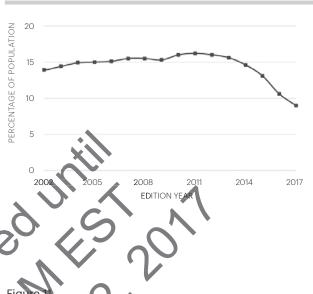


Figure 19
Upinsured in 2012 and 2017
Shown are the five states with the largest and smallest percentage point decreases displayed in relation to the



Preventable Hospitalizations

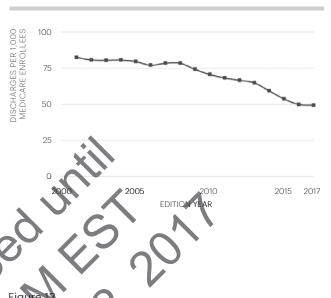
National

The preventable hospitalization rate defined as — the number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees aged 65 and older, has decreased annually since 2008 at a rate of approximately 3.3 percent per year (Figure 12). The rate declined 1 percent in the past year from 49.9 to 49.4 discharges per 1,000 Medicare enrollees.

State

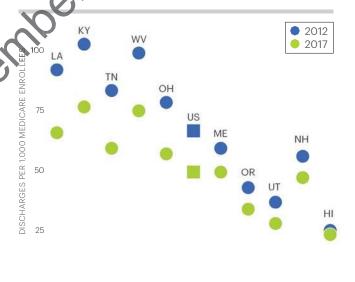
Over the past five years, the largest decreases in the preventable hospitalization rate occurred in Louisiana, Kentucky, Tennessee, West Virginia and Ohio, all states with a higher rate than the nation in both 2012 and in 2017 (Figure 13). Hawaii maintains its No. 1 rank in this measure despite no notable change in t preventable hospitalization rate sinc

Figure 12 Preventable hospitalizations, 2000 to 2017



Preventable hospitalizations in 2012 and 2017

Shown are the five states with the largest decreases in number of discharges and five states with the smallest decreases displayed in relation to the United States



Challenges

Drug Deaths

National

In the past year, the age-adjusted number of deaths due to drug injury increased 7 percent from 14.0 to 15.0 deaths per 100,000 population. This increase continues an upward trend, with drug death rates up 23 percent since 2012 and up 60 percent since 2007 (Figure 14).

The drug death rate among males is 18.7 deaths per 100,000, which is significantly higher than females at 11.3 deaths per 100,000 population (Figure 15). Since 2012, the rate of drug deaths increased more among males (15.0 deaths in 2012 to 18.7 deaths in 2017 per 100,000) than among females (9.3 in 2012 to 11.3 in 2017). The rate of drug deaths among whites continues to be significantly higher than the rate for blacks, Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives.

State

In the past year, drug deaths inc significantly in 14 states. In the last five years, the drug death rate increased significantly in 34 states and the District of Columbia. Notably, it declined significantly in Florida (Figure 16). Since 2012, Massachusetts, Rhode Island, Ohio, New Hampshire and West Virginia experience the largest increases in the drug deat

Figure 14 **Drug deaths, 2007 to 2017**

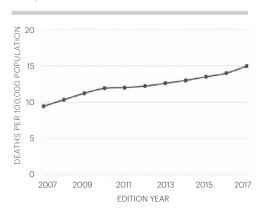
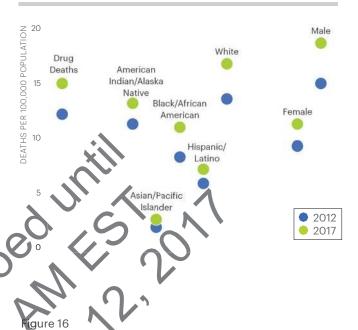


Figure 15 Drug deaths in 2012 and 2017 by race/ethnicity and by sex



Drug deaths in 2012 and 2017

the five states with the largest decreases in the number of drug deaths and five states with the largest increases displayed in relation to the United States

WV*



^{*} Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Obesity

National

In the past five years, the percentage of adults with a body mass index of 30.0 or higher based on reported height and weight increased 8 percent from 27.8 percent to 29.9 percent of adults.

Obesity prevalence is similar for males and females, but it is significantly higher among blacks compared with whites, Hispanics and all other race/ethnicity groups except American Indian/Alaska Natives (Figure 17). Since 2012, obesity prevalence among adults increased more among American Indian/Alaska Natives (35.4 percent to 38.1 percent), Hawaiian/ Pacific Islanders (25.0 percent to 30.6 percent), Hispanics (30.1 percent to 33.1 percent) and whites (26.2 percent to 28.6 percent) than among Asians (8.7 percent to 9.8 percent) and blacks (37.3 percental 38.3 percent).

Obesity among adults aged 25 older increased in all income gro the past five years and is significantly higher among those living in households with less than \$25,000 home versus all. other household income levels (Figure 18) Obesity prevalence is also significantly higher among adults aged 25 and older without a high school degree than ame those with all other educational level and rural adults versus suburban urban adults.

State

In Kansas, obesity prevalence decreased significantly in the past year from 34.2 perent to 31.2 percent of adults.

In the past five years, obesity prevalence increased the most in North Dakota, Illinois, Arkansas, West Virginia and Tennessee (Figure 19). It declined slightly in Virginia and the District of Columbia.

Obesity in 2012 and 2017 by race/ethnicity

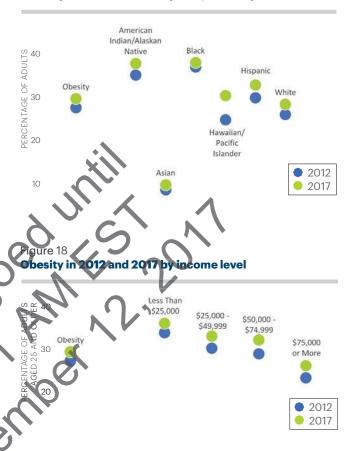
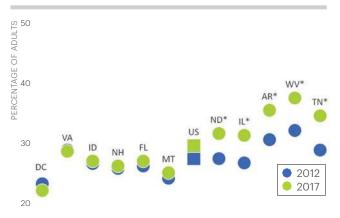


Figure 19 **Obesity in 2012 and 2017**

Shown are D.C. and the five states with the smallest percentage point increases or decreases and five states with the largest percentage point increases displayed in relation to the United States



^{*} Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

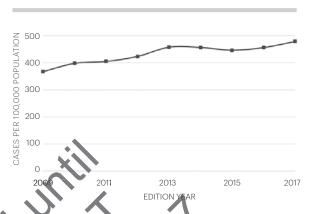
Chlamydia

National

In the past five years, the incidence of the sexually transmitted infection chlamydia increased 13 percent from 423.6 to 478.8 cases per 100,000 population (Figure 20). In the past eight years, the rate of chlamydia infections increased 30 percent from 367.5 to 478.8 cases per 100,000 population.

Chlamydia incidence among males is rising faster than among females, although the incidence is still less than half that of females (305.2 male cases versus 645.5 female cases per 100,000 population).

Figure 20 Chlamydia, 2009 to 2017



Violent Crime

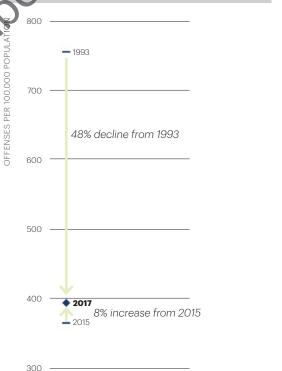
National

Violent crime — the number of robberies and aggravated ass population - has increased 8 percent past two years, from 368 to 397 offenses per 100,000 population (Figure 21). Des increase, violent crime is 48 percent lower today than in 1993 when there were 758 offenses per 100,000 population.

State

From 2015 to 2017, the largest increases in the number of offenses occurred in Alaska (640 to 804 offenses per 100,000 population) and Montana (253 to 368 offenses per 100,000 population). The largest decrease was in New Jersey (289 to 245 offenses per 100,000 population).

Figure 21 Violent crime in 1993, 2015 and 2017



Low Birthweight

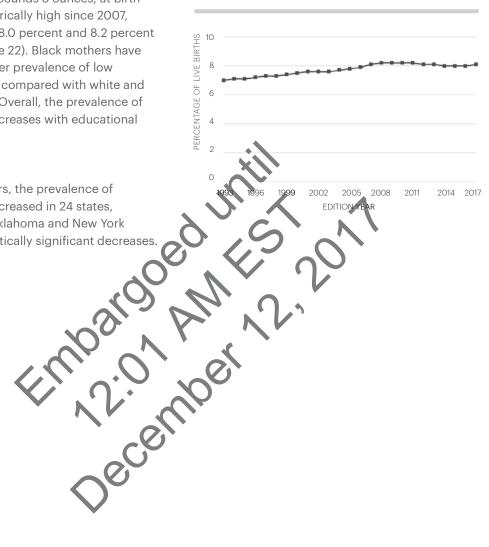
National

The percentage of infants weighing less than 2,500 grams, or 5 pounds 8 ounces, at birth has remained historically high since 2007, hovering between 8.0 percent and 8.2 percent of live births (Figure 22). Black mothers have a significantly higher prevalence of low birthweight babies compared with white and Hispanic mothers. Overall, the prevalence of low birthweight decreases with educational attainment.

State

In the past five years, the prevalence of low birthweight decreased in 24 states, with Mississippi, Oklahoma and New York experiencing statistically significant decreases.

Low birthweight, 1993 to 2017



Diabetes

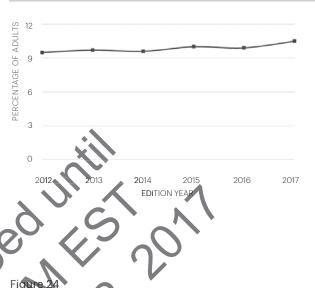
National

In the past year, the percentage of adults who reported being told by a health professional that they have diabetes (excluding prediabetes and gestational diabetes) increased 6 percent from 9.9 percent to 10.5 percent of adults (Figure 23). This is a new high. Since 2012, the prevalence of diabetes increased 11 percent from 9.5 to 10.5 percent of adults. Among adults aged 25 and older, diabetes prevalence is higher among those in the lowest education and income groups.

State

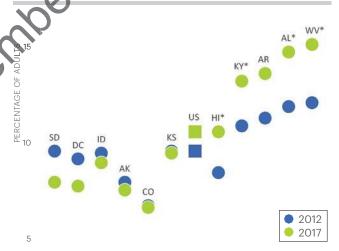
In the past five years, diabetes prevalence significantly increased in seven states, with the largest increases in Kentucky, Alabama and West Virginia (Figure 24). Diabetes prevalence declined in the Distri of Columbia, South Dakota, Idaho, Ala Colorado and Kansas.

Figure 23 **Diabetes, 2012 to 2017**



Diabetes in 2012 and 2017

Shown are D.C. and the five states with the largest percentage point decreases and five states with the largest increases displayed in relation to the United States



^{*} Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Challenges in Mortality Outcomes

Cancer Deaths

National

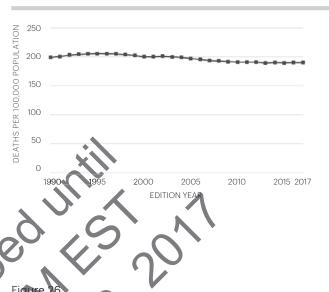
The age-adjusted number of deaths due to all cancer causes per 100,000 population has remained relatively constant at approximately 190 deaths per 100,000 population for the last eight years (Figure 25). Cancer deaths occur at a significantly higher rate among males than females, despite a decline in the cancer death rate among males in the past five years. Cancer death rates among females remained constant in the past five years.

The rate of cancer deaths among blacks at 218.1 deaths per 100,000 population is significantly higher than for whites at 190.6 deaths per 100,000 population. In the past five years, the cancer death rate among blacks has decreased from 224.2 deaths per 100,000 to 218.1, while whites have experienced an increase from 189.7 deaths to 190.6. Blacks have a higher of cancer deaths than Hispanio Pacific Islanders and America Alaska Natives.

State

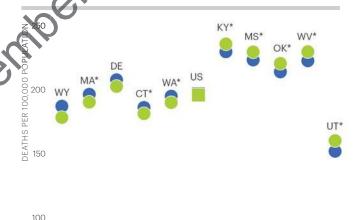
In the past five years, the rate of & deaths significantly increased in nine states, with the largest increases in West Virginia and Utah (Figure 26). The can death rate significantly decreased in states - Massachusetts, Connect Washington, California and New Jersey. Wyoming and Delaware also experienced large decreases.

Cancer deaths, 1990 to 2017



Cancer deaths in 2012 and 2017

nown are the five states with the largest decreases in the number of deaths and five states with the largest increases displayed in relation to the United States



2012 2017

^{*} Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Cardiovascular Deaths

National

Cardiovascular deaths — the ageadjusted number of deaths due to all causes of cardiovascular disease including heart disease and stroke per 100,000 population — increased for the second consecutive year after continuously decreasing for the first 25 years of America's Health Rankings history (Figure 27). In the past two years, the cardiovascular death rate increased significantly by 2 percent, from 250.8 to 254.6 deaths per 100,000 population.

Males have a significantly higher cardiovascular death rate than females. The rate of cardiovascular deaths among blacks is significantly higher than whites, Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives. In the past five years, cardiovascular deaths declined among Asians, Hispanics ap blacks. Cardiovascular deaths have approximately constant among

State

In the past two years, the rate of cardiovascular deaths significantly increased in 21 states and significantly decreased only in California. In the past five years, Nevada and Utah experienced the largest increases in cardiovascular death rate, while N and West Virginia experienced the largest decreases (Figure 28).

Cardiovascular deaths, 1990 to 2017

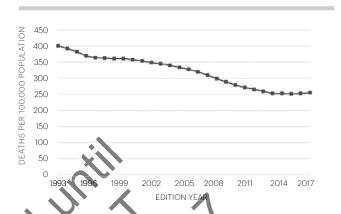


Figure 28 Cardiovascular deaths in 2012 and 2017

shown are the five states with the largest decreases in the umber of deaths and five states with the largest increases displayed in relation to the United States



Infant Mortality

National

There was no improvement in the infant mortality rate in the past year (Figure 29). In the past 10 years, the infant mortality rate, defined as the number of infant deaths occurring before age 1 per 1,000 live births, decreased 13 percent from 6.8 to 5.9 deaths per 1,000 live births. For an international context, see Comparison With Organization for Economic Cooperation and Development Countries (page 40).

State

The infant mortality rate declined in the past five years by more than 1.0 death per 1,000 live births in Rhode Island, Colorado, Virginia, Pennsylvania, Tennessee and Mississippi (Figure 30). Conversely, over the same time period, the infant mortality rate increased by more than 1.0 death p 1,000 live births in Maine and Alaska states with the largest increase five years.

Figure 29 Infant mortality, 1990 to 2017

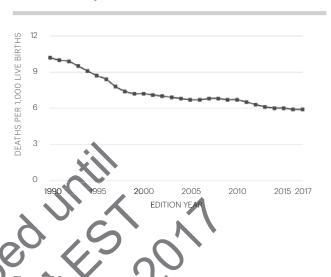


Figure 30 Infant mortality in 2012 and 2017

Shown are the six states with the largest decreases in the umber of deaths and five states with the largest increases displayed in relation to the United States



Premature Death

National

Premature death includes deaths from all causes before the age of 75 and is an important indicator of a population's health. In the past two years, the premature death rate — the number of years of potential life lost before age 75 per 100,000 population — significantly increased 3 percent from 6,997 to 7,214 years lost per 100,000 population (Figure 31). This is the third straight year premature death increased, however, it still remains dramatically lower than in 1990 when the rate was 8,716 years lost per 100,000 population (Figure 32).

State

In the past year, the premature death rate increased in 47 states, with statistically significant increases in 18 states. Premature death varies from fewer than 6,000 years of potential life lost before age 75 per 100,000 population in Minnesota, California, New York, Connecticut, New Jersey and Massachusetts to more than 10,000 in Louisiana, Kentucky, Alabama and Mississippi. Premature death is highly correlated with the overall state ranking (

From 2012 to 2017, the largest increases the premature death rate occurred in New Mexico, Alaska, Vermont, South Dakota and New Hampshire: each state increased by more than 500 years of potential life lost per 100,000 population (Figure 33). Over to time, the largest decreases in premata occurred in the District of Columbia, California; each state decreased by at least 500 years lost per 100,000 population.

Figure 31 Premature death, 1990 to 2017

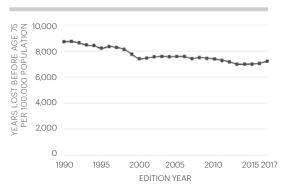
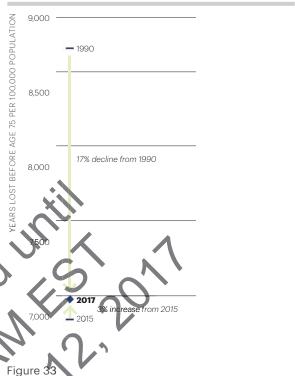


Figure 32 Premature death, 1990, 2015 and 2017



Premature death in 2012 and 2017

own are D.C. and the six states with the largest decreases the number of premature deaths and five states with the rgest increases displayed in relation to the United States



* Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Variations in Mortality Measures by State

America's Health Rankings tracks multiple measures of mortality and they vary widely between and within states. Table 4 shows the premature death rate, cancer death rate, cardiovascular death rate, infant mortality rate and drug death rate for each state, sorted by overall ranking and shaded by value. The lightest shade indicates a value in the top 10, and the darkest shade indicates a value in the bottom 10. Measures of mortality vary within states, with no state ranking in the same quintile across all five measures of mortality. Mississippi, which ranks last overall and has the largest number of years lost due to premature death, has a relatively low rate of drug deaths. New Mexico, which ranks No. 36 and is among the bottom 10 states in premature death and drug deaths, is in the top 10 in cancer and cardiovascular deaths. Connecticut and New York are among the top 10 healthiest states and are among the five states with the lowest premature death rate. New York, however, is in the bottom 20 states for cardiovascular deaths and Connecticut is in the bottom 20 states drug deaths.

Table 5 shows how mortality measures changed in each state over the past five years The table displays the five-year absolute difference in mortality measures between 20 and 2017, sorted by the 2017 overall ranking positive difference indicates the rate of and health improved in the past five years. A negative change or difference indicates the rate increased and health declined in the past five years. The lighter the color, the greater

the improvement. The table demonstrates that states make improvements regardless of their overall rank, and some of the highest ranking states are experiencing increases in measures of mortality. For example, in the past five years drug deaths increased 69 percent in Massachusetts (No. 1), from 11.7 to 19.8 deaths per 100,000 population. Over the same period, drug deaths increased 118 percent in New Hampshire (No. 8) from 11.2 to 24.4 deaths per 100,000 and 56 percent in Rhode Island (No. 11) from 16.0 to 24.9 deaths per 100,000 population. Similarly, in the past five years Utah (No. 4) experienced one of the largest increases in cardiovascular deaths, from 209.9 to 231.8 deaths per 100,000 population.

Some states are making progress in one measure of mortality while struggling with For example, cancer deaths decreased evada (No. 37) in the past five years from to 189.7 deaths per 100,000 population, however, cardiovascular deaths increased from 271.9 to 285.0 deaths per 100,000 population. In Louisiana (No. 49), drug deaths increased from to 17.7 deaths per 100,000 population in the past five years, while cancer and cardiovascular deaths decreased during the same period (by 1.0 deaths per 100,000 population and 2.3 deaths per 100,000 population, respectively).

Table 4 Premature death, cancer deaths, cardiovascular deaths, infant mortality and drug deaths by state, sorted by overall ranking

	Overall Ranking	Premature Death	Cancer Deaths	Cardiovascular Deaths	Infant Mortality	Drug Deaths	
Massachusetts	1	5,970	183.6	208.3	4.4	19.8	
Hawaii	2	6,031	161.0	210.7	5.2	11.5	
Vermont	3	6,326	192.5	231.6	4.6	14.9	
Utah	4	6,399	150.5	231.8	5.0	22.9	
Connecticut	5	5,771	173.7	218.4	5.2	18.4	
Minnesota	6	5,555	180.9	189.7	5.1	9.9	
Colorado	7	6,113	160.9	203.0	4.7	16.0	
New Hampshire	8	6,572	188.1	217.0	4.2	24.4	
Washington	9	6,096	183.3	215.7	4.7	14.2	
New York	10	5,701	178.2	257.6	4.6	12.2	
Rhode Island	11	6,516	197.5	232.0	5.0	24.9	
New Jersey	12	5,875	182.2	245.4	₽.6	14.8	
Nebraska	13	6,592	187.3	232.2	5.4	6.7	
Idaho	14	6,599	181.3	233.4	5.1	13.7	
Iowa	15	6,333	195.2	245.1	4.5	9.4	
Maryland	16	7,113	187.8	255 0	6.6	17.7	
California	17	5,647	169.3	230.4	4.4	11.8/	
North Dakota	18	7,225	179.6	2.3.1	6.1	5.7	
Virginia	19	6,696	190.1	239.4	5.8	11.3	
Oregon	20	6,507	190.6	217.6	5.1	12.3	
Wisconsin	21	6,437	191.7	238.	5.7	15.1	
Montana	22	8,229	183.5	231.8	5.7	13.4	
Maine	23	7,144	205.7	227.4	6.6	16.7	
South Dakota	24	7,627	.84.7	233.9	6.6	7.5	
Kansas	25	7,380	194.3	253.5	6.1	11.8	
Wyoming	26	8,130	170.3	233.1	5.7	17.6	
Illinois	27	6,825	199.8	257.8	6.3	13.2	
Pennsylvania	28	7,541	199.5	263.3	6.0	22.2	
Alaska	29	8,342	194.9	222.2	6.7	15.6	
Delaware	30	7,871	197.2	250.7	7.9	20.0	
Arizona	31	7,246	169.6	214.4	5.8	19.0	
Florida	32	7,412	18 2%	229.0	6.2	14.1	
North Carolina	33	7,889	18 6.9	254.3	7.2	14.0	TOP 10
Texas	34	7,175	130.9	261.1	5.8	9.7	11 TO 20
Michigan	35	7,853	201.5	293.0	6.5	18.0	21 TO 30
New Mexico	36	8,913	169.0	219.2	5.2	24.9	31 TO 40
Nevada	37	7,729	189.7	285.0	5.3	20.8	BOTTOM 10
Indiana	38	8,471	210.5	277.5	7.2	17.9	Premature Death
Ohio	39	8,492	208.7	283.6	7.0	24.5	YEARS LOST BEFORE AGE 75
Missouri	40	8,558	209.0	288.6	6.3	17.6	PER 100,000 POPULATION
Georgia	41	8,185	195.2	278.1	7.6	11.9	Cancer Deaths
Kentucky	42 43	10,042 9,951	233.6 216.9	296.4 335.2	6.9 7.7	25.5 20.3	DEATHS PER 100,000 POPULATION
Oklahoma	43 44	9,931	201.3	277.0	6.7	14.5	
South Carolina	44 45	9,131	216.5	308.0	6.9		Cardiovascular Deaths DEATHS PER 100,000
Tennessee	45 46	9,467 10,478	216.5	295.5	7.1	19.9 35.3	POPULATION
West Virginia	46 47	10,476	210.6	339.6	8.5	14.3	Infant Mortality
Alabama	47			323.0	7.5	12.3	DEATHS PER 1,000 LIVE BIRTHS
Arkansas	48 49	9,972 10,003	219.5 218.2	316.2	7.5 7.6	17.7	Drug Deaths
Louisiana	49 50	10,003	226.7	352.5	8.8	11.5	DEATHS PER 100,000
Mississippi	30	10,950	220.7	352.5	0.0	11.5	POPULATION

Table 5 Difference in mortality measures between 2012 and 2017 by state, sorted by overall ranking

	Overall Ranking	Premature Death	Cancer Deaths	Cardiovascular Deaths	Infant Mortality	Drug Deaths
Massachusetts	1	76	-6.7	-9.4	-0.3	8.1
Hawaii	2	-732	4.8	1.7	-1.0	1.4
Vermont	3	614	0.2	10.8	-0.6	5.0
Utah	4	241	9.2	21.9	-0.1	4.5
Connecticut	5	-172	-5.3	-1.4	-0.2	7.9
Minnesota	6	-66	-4.0	2.8	0.5	2.4
Colorado	7	-299	-3.4	0.4	-1.4	1.7
New Hampshire	8	732	-0.5	-1.9	-0.2	13.2
Washington	9	-231	-5.3	-11.3	0.0	-0.2
New York	10	-482	-1.3	-17.3	-0.6	4.0
Rhode Island	11	-27	4.4	-6.6	-1.6	8.9
New Jersey	12	-298	-5.2	-2.6	0.4	7.9
Nebraska	13	72	3.9	2.3	0.1	0.7
Idaho	14	-174	4.6	4.7	0.0	2.5
lowa	15	-299	5.9	-8.8	-0.2	1.8
Maryland	16	-408	-3.6	-e 3	-0.4	5.9
California	17	-543	-3.0	-10.9	-0.4	0.8
North Dakota	18	29	2.4	(2.0	-0.4	0.7
Virginia	19	-428	-1.9	9.0	-1,2	5.3
Oregon	20	-234	-0.9	-0.3	0.2	-9:4
Wisconsin	21	91	1.2	1.7	-0.3	4.1
Montana	22	393	5.2	3.2	-0.2	-0.3
Maine	23	420	2.2	4.1	71.1	5.0
South Dakota	24	700	3.1	-3.5	-0.2	1.0
Kansas	25	-201	6.1	2.9	-0.5	2.2
Wyoming	26	330	-9.8	-6.4_	-0.6	4.4
Illinois	27	-330	0.6	-2.	-0.5	2.8
Pennsylvania	28	-93	0./	-3.3	-1.2	7.1
Alaska	29	581	-0.1	-0.1	1.4	-0.3
Delaware	30	-144	-5,6	-0.4	0.1	4.7
Arizona	31	139	-1.5	-3.9	-0.2	3.0
Florida	32	-481		-1.4	-0.5	-2.4
North Carolina	33	-355	0.9	-8.2	-0.3	1.7
Texas	34	-471	-1.5	-4.2	-0.3	0.2
Michigan	35	46	1.5	4.8	-0.8	4.3
New Mexico	36	528	1.1	-2.4	-0.3	0.8
Nevada	37	-430	-1.6	13.1	-0.4	0.3
Indiana	38	114	1.5	-0.8	-0.5	4.0
Ohio	39	273	1.0	6.9	-0.7	10.5
Missouri	40	149	4.5	-2.4	-0.6	2.7
Georgia	41	-206	3.3	-5.8	0.7	1.5
Kentucky	42	252	6.7	-3.4	0.1	5.9
Oklahoma	43	-254	7.3	4.7	0.0	1.5
South Carolina	44	-14	-1.7	-0.6	-0.5	0.9
Tennessee	45	-46	2.0	-1.3	-1.1	4.2
West Virginia	46	-98	7.8	-15.5	-0.4	13.3
Alabama	47	-175	-3.5	3.8	0.0	1.6
Arkansas	48	-126	3.1	3.6	0.0	-0.3
	49	-259	-1.0	-2.3	-0.6	4.0
Louisiana	50	-163	6.8	-2.3 -6.1	-1.1	0.4
Mississippi	30	-103	0.0	-0.1	-1.1	0.4



Premature Death

YEARS LOST BEFORE AGE 75 PER 100,000 POPULATION

Cancer Deaths

DEATHS PER 100,000 POPULATION

Cardiovascular Deaths

DEATHS PER 100,000 POPULATION

Infant Mortality
DEATHS PER 1,000 LIVE BIRTHS

Drug DeathsDEATHS PER 100,000
POPULATION

Variations in the Number of Health Care Providers Between and Within States

Shortages of primary care physicians, mental health providers and dentists limit people's ability to seek essential preventive services and necessary treatments. Shortages tend to be greatest in rural areas. Table 6 shows the number of primary care physicians, mental health providers and dentists per 100,000 population in each state as well as the percentage of adults who reported they have a dedicated health care provider, sorted by overall 2017 ranking. The lightest shade indicates a value in the top 10. and the darkest shade indicates a value in the bottom 10. The number of health care providers per state varies greatly and primary care physicians, mental health providers and dentists are not equally represented within states. For example, Pennsylvania (No. 28), is in the top 10 states for the number of primary care physicians per 100,000 population but in the bottom 20 states for mental health providers. Adults in Pennsylvania are also more likely or more people they identify as their dedicated health provider than in most other states

Primary Care Physicians

The number of primary care physicians by state varies by about two to one, from more than 200 physicians per 100,000 population in the District of Columbia, Rhode Island, Massachusetts, New York and Connecticut to fewer than 100 physicians per 100,000 in Utah and Idaho. Primary care physicians is defined as the number of active primary care physicians (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine) per 100,000 population.

Mental Health Providers

The number of mental health providers varies widely with some states having six times the of mental health providers per 100,000 population than other states. Massachusetts ne highest number at 547.3 providers per 100,000 population, while Alabama has the fewest at 85.0 providers per 100,000 population. This variation is much larger than the variation e ween states for primary care physicians or dentists. Mental health providers is defined as the number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, providers that treat alcohol and other drug abuse and advanced practice nurses specializing in mental health care per 100,000 population.

Dentists

The number of practicing dentists also varies greatly by state from 41.2 in Arkansas to 80.7 dentists per 100,000 population in Massachusetts and New Jersey, about the same magnitude of variation as primary care physicians.

Dedicated Health Care Providers

Dedicated health care providers (page 102), defined as the percentage of adults who reported having one or more people they think of as their personal doctor or health care provider, vary from 67.8 percent of adults in Alaska to 88.9 percent in Massachusetts.

Table 6 Primary care physicians, mental health, dentists and dedicated health care provider by state, sorted by overall ranking

	Overall Ranking	Primary Care Physicians	Mental Health Providers	Dentists	Dedicated Health Care Provider	
Massachusetts	1	237.1	547.3	80.7	88.9	
Hawaii	2	179.9	229.5	76.4	84.7	
Vermont	3	175.1	407.3	57.0	88.0	
Utah	4	99.8	293.4	61.7	72.7	
Connecticut	5	209.4	354.8	76.1	85.2	
Minnesota	6	162.3	216.8	59.5	72.7	
Colorado	7	139.9	313.5	69.7	74.4	
New Hampshire	8	160.6	273.8	63.4	87.9	
Washington	9	144	308.5	71.6	75.7	
New York	10	215.5	259.2	73.5	83.4	
Rhode Island	11	256.3	375.0	54.2	87.2	
New Jersey	12	171.1	188.9	80.7	92.3	
Nebraska	13	150.7	233.0	65.1	30.9	
Idaho	14	96.6	193.6	55.8	72.3	
lowa	15	142.3	134.7	51.9	82.4	A
Maryland	16	184.9	219.3	70.7	84.8	\
California	17	135.1	315.5	76.8	76.0	
North Dakota	18	140.5	165.4	55.4	73.9	0,
Virginia	19	141.8	145.2	63.6	77.9	
Oregon	20	143.8	453.7	67.5	78.6	
Wisconsin	21	145.2	178.5	55.9	62.9	
Montana	22	113.6	365.2	60.5	73.6	
Maine	23	187.4	442.1	50.0	88.1	
South Dakota	24	125 8	162.2	52.3	76.0	
Kansas	25	133.3	181.4	50.5	77.6	
Wyoming	26	105.7	+310/	53.1	68.9	
Illinois	27	175.3	193.8	67. 1	82.1	
Pennsylvania	28	199.8	182.0	50.7	85.8	
Alaska	29	133.7	364,2	74.1	67.8	
Delaware	30	156.7	235.7	44.3	83.2	
Arizona	31	126	121.9	53.9	73.3	
Florida	32	131.6	144.8	52.3	72.0	
North Carolina	33	130.9	219.1	51.2	78.8	
Texas	34	112.9	98.3	52.3	68.9	
Michigan	35	193	234.8	61.5	85.2	
New Mexico	36	136.6	369.4	51.4	70.1	TOP 10
Nevada	37	107.9	190.7	52.9	69.2	11 TO 20
Indiana	38	123.4	144.2	46.8	81.7	21 TO 30
Ohio	39	167.3	182.5	52.0	82.7	31 TO 40 BOTTOM 10
Missouri	40	160.4	171.5	48.5	77.9	BOTTOM TO
Georgia	41	119.9	122.5	46.7	72.7	Primary Care Physicians
Kentucky	42	120.6	194.6	54.6	79.6	NUMBER PER 100,000
Oklahoma	43	127.5	382.7	49.6	75.3	POPULATION
South Carolina	44	127	157.7	48.2	78.4	Mental Health Providers
Tennessee	45	138.5	138.2	49.2	78.0	NUMBER PER 100,000
West Virginia	46	159.6	112.7	47.9	80.5	POPULATION
Alabama	47	119.3	85.0	43.7	78.7	Dentists
Arkansas	48	115.4	213.3	41.2	80.3	NUMBER PER 100,000 POPULATION
Louisiana	49	131.1	257.1	48.2	75.4	Dadiented Haalah Com Proc.
Mississippi	50	105.9	132.6	42.2	77.4	Dedicated Health Care Provider PERCENTAGE OF ADULTS

Health Equity

"Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically." — World Health Organization

"Health disparities are the metric we use to measure progress toward achieving health equity. Moving toward greater equity is achieved by selectively improving the health of those who are economically/socially disadvantaged, not by a worsening of the health of those in advantaged groups." — Margaret Whitehead, World Health Organization

The America's Health Rankings Annual Report examines health equity across the states. Measures of disparity are used to show progress at achieving health equity. This report uses the measure Disparity in Health Status to gauge the difference in self-reported high health status between adults aged 25 and older with les than a high school degree and adults aged 25 and older with a high school degree or more. High health status is defined as the percentage of adults reporting their health is very good

This year's report continues to show variation in Disparity in Health Status In Alaska, there is only an 8.1 percentage point difference in the percentage of adults with a high school degree or more who report very good or excellent health status compared with those without a high school degree. Relative to other states, this is a small difference in high health status based on education level. In 12 states, the difference between the percentage of adults with at least a high school education and those with less than a high school degree reporting high health status is 30.0 percent or more.

Self-reported health status is a sound indicator of mortality and future use of health

care services. According to a study in the International Journal of Epidemiology by medical sociologist and social demographer Amélie Quesnel-Vallée, populations with a higher health status tend to have lower overall mortality and use fewer health care resources.

Disparity in Health Status is an important, however, incomplete picture of inequity within states. It does not account for variation in high health status by gender, race/ethnicity, household income, urbanicity and additional education levels. The following section expands the discussion of health equity by reviewing additional disparities in high health status among these subpopulations

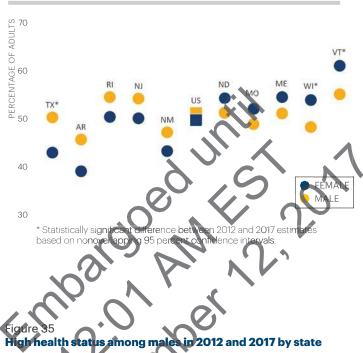
Gender

Nationally, there is little difference between the percentage of males versus females reporting high health status (51.4 percent and 49.9 percent, respectively). Greater variation exists at the atelevel (Figure 34). In Texas, for instance, the percentage of males reporting high health status (50.5 percent) is significantly higher than females (43.2 percent). In Wisconsin and Vermont, the percentage of males reporting high health status (48.5 percent and 55.3 percent, respectively) is significantly lower than females (54.1 percent and 61.2 percent, respectively).

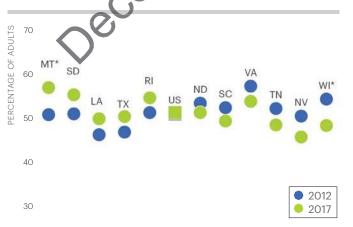
For males, high health status varies from 41.4 percent in West Virginia to 58.0 percent in Connecticut. Over the past five years, high health status among males in Wisconsin has significantly declined, and in Montana it has significantly increased (Figure 35).

For females, the prevalence of high health status varies from 39.3 percent in Arkansas to 61.2 percent in Vermont. The change in the last five years for females is small at the national and state levels.

Figure 34 High health status by gender and by state in 2017 Shown are the states with the largest gaps in high health status between males and females in relation to the United States



Shown are the five states with the largest percentage point increases and five states with the largest decreases in relation to the United States



^{*} Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Findings

Race and Ethnicity

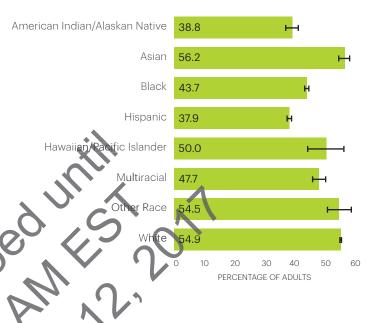
Figure 36 shows the prevalence of high health status by race and ethnicity groups. All race groups are non-Hispanic. The percentage of adults reporting high health status varies widely by race and ethnicity. For example, 56.2 percent of non-Hispanic Asian adults report high health status compared with only 37.9 percent of Hispanic adults.

When comparing prevalence of high health status by race/ethnicity at the state level, the difference between the group with the highest prevalence compared with the group with the lowest prevalence varies greatly (Figure 37). In Arizona, Vermont and Delaware, the difference is more than 40 percentage points. In Arkansas, New Hampshire, West Virginia and Tennessee, the difference is less than 10 percentage points.

Note that compared to Arkans Hampshire is closer to accomplishing the dual goals of obtaining a bigh prevalence of high health status as a state and minimizing the differences within t state by race/ethnicity.

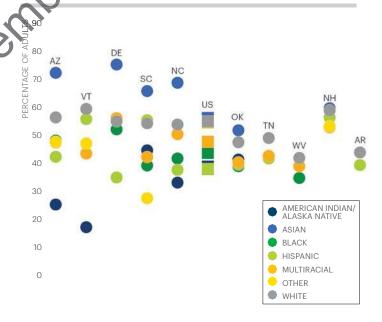
Not all race/ethnicity groups were used in the state-level analysis. Only race/ ethnicity groups with sufficient sample size in a state were compared. Values were suppressed if the sample size was less than 50 or the relative standard error was greater than 30 percent. For example, only Hispanics and whites are represented in Arkansas.

Figure 36 High health status by race/ethnicity with 95 percent confidence intervals



High health status by race/ethnicity and by state

Shown are the five states with the largest and smallest gaps in atus by race/ethnicity in relation to the United States



Household Income

The prevalence of high health status increases with household income. Figure 38 shows that in the U.S., the prevalence of high health status among adults aged 25 and older with an income of \$75,000 or more (68.0 percent) is 2.4 times the prevalence among households with an income of less than \$25,000 per year (28.1 percent).

Figure 39 shows that Vermont has the largest gap in high health status at 47.9 percentage points between adults aged 25 and older with an income of \$75,000 or more (76.8 percent) and adults aged 25 and older with an income of less than \$25,000 per year (28.9 percent). Hawaii has the smallest gap in high health status at 22.5 percentage point between adults with the highest and lowest income levels.

Figure 38 High health status by income level with 95 percent confidence intervals



US PERCENTAGE OF ADULTS AGED 25 40 10 LESS THAN \$25,000 \$25,000 TO \$49,999 0 • \$50,000 TO \$74,999 \$75,000 OR MORE

Findings

Education

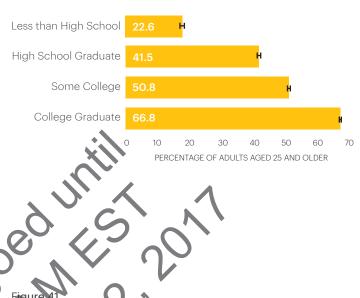
Nationally, the prevalence of high health status among adults aged 25 and older is statistically different at each education level (Figure 40).

The prevalence of high health status among U.S. adults aged 25 and older with a college degree is 66.8 percent. It varies from 58.6 percent of adults aged 25 and older in Alabama to 76.0 percent in the District of Columbia.

The prevalence of high health status among U.S. adults aged 25 and older without a high school degree is 22.6 percent. This is one-third of the prevalence among those with a college degree. It varies from 17.3 percent of adults aged 25 and older in West Virginia to 44.0 percent in Alaska.

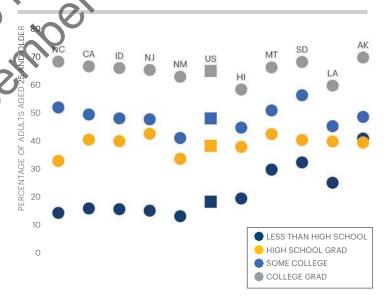
North Carolina has the widest gap between adults aged 25 and older with) college degree, 70.0 percent, and those without a high school degree, 18.8 perce (Figure 41). Alaska has the narrowest gap, 71.4 percent versus 42.6 percent. The 10 states in Figure 41 show another characteristic of high health status that is true among all 50 states: the variation in high health status among adults aged 25 and older in the lowest education group is greater than those in the education groups. This suggests that where people live matters more for adults aged 25 and older with less than a high school education than those with higher education levels.

Figure 40 High health status by educational level with 95 percent confidence intervals



High health status by education level and by state

Shown are the five states with the largest and smallest gaps in health status by education level in relation to the United States



Urbanicity

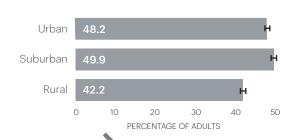
High health status also varies by urbanicity. All three categories of urbanicity are significantly different from each other, with adults living in rural areas having the lowest prevalence of high health status at 42.2 percent (Figure 42).

There is variation among the 46 states that have population estimates in all three categories (Figure 43), but the variation is not as wide as with race, income or education.

Conclusions

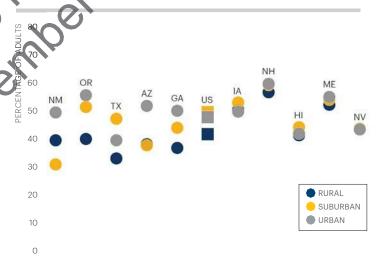
Equity in health status is lacking national and state levels when by race/ethnicity, genter household income, urbanicity and education Each state has a different profile of disparities in high health status. These profiles highlight the largest challenge faced by states and the U.S. in reducing differences in health status related to economic and social disadvantage

Figure 42 High health status by urbanicity with 95 percent confidence intervals



High health status by urbanicity and by state

Shown are the five states with the largest and smallest gaps in health status by urbanicity in relation to the United States



Comparison With Organization for Economic Cooperation and **Development Nations**

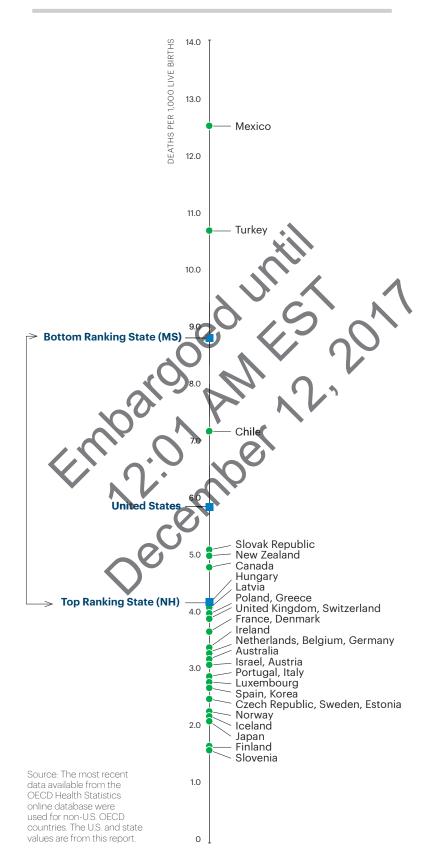
America's Health Rankings Annual Report examines the relative health of the 50 states and the District of Columbia in relation to national benchmarks. In this section we broaden our scope to evaluate how the health of the U.S. population compares with member countries of the Organization for Economic Cooperation and Development (OECD). This analysis compares infant mortality, obesity and life expectancy in the top state, bottom state and U.S. with infant mortality, obesity and life expectancy in OECD member countries. Results show the U.S. has a higher infant mortality rate a higher prevalence of obesity and a lower life expectancy at birth compared with most OECD member countries. Even the top in each of these measures ranks toward the bottom among OECD countries.

Thirty-five countries, including the United States, comprise the OECD. The OECD's miss is to promote economic development and social well-being of people worldwide. The OECD collects and analyzes data from of the member countries on a wide topics, including certain health m

Infant Mortality

According to this year's America's Health Rankings report, the U.S. infant mortality rate is 5.9 deaths per 1,000 live births (page 92). This infant mortality rate places the U.S. No. 32 out of 35 OECD countries (Figure 44). New Hampshire has the lowest infant mortality rate in the U.S. leaths per 1,000 live births, and yet if it an OFCD country, it would rank No. 28 and with Hungary. Only Turkey (10.7 deaths per 1,000 live births) and Mexico (12.5 deaths 1,000 five births) have higher infant mortality han Mississippi, the state with the highest mortality rate at 8.8 deaths per 1,000

Figure 44 Infant mortality rates in OECD countries and top and bottom ranking U.S. states for infant mortality



Comparison

Figure 45 **Obesity prevalence in OECD countries and the top** and bottom ranking U.S states for obesity

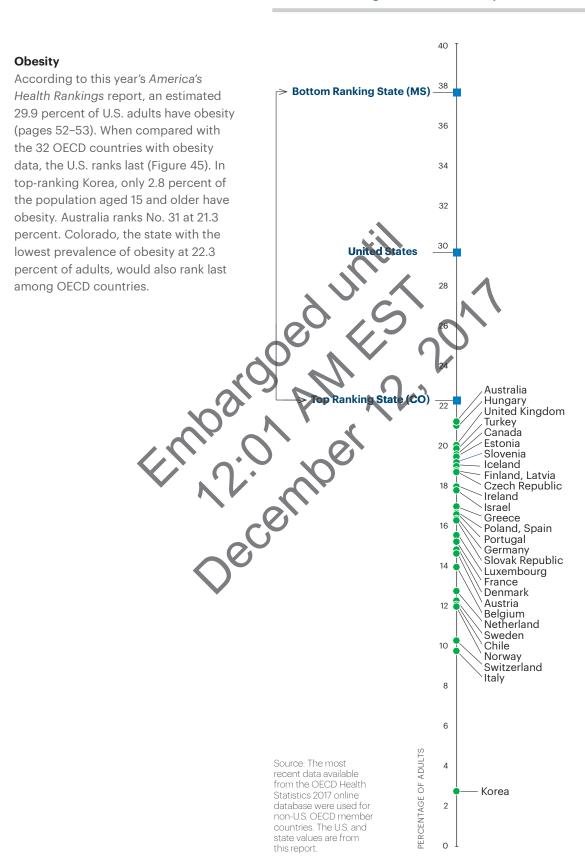


Figure 46 Life Expectancy at birth in OECD countries and the top and bottom ranking U.S. states for life expectancy

85 IFE EXPECTANCY AT BIRTH (YEARS) **Life Expectancy** The U.S. life expectancy at birth of 78.9 years ranks No. 27 out of 35 OECD countries (Figure 46). Hawaii Japan has the highest life expectancy in the U.S. at 81.3 years. If Hawaii were an OECD country, it would rank No. 18 and be tied with Austria. Mississippi, Spain, Switzerland the state with the lowest life Italy expectancy at 75.0 years, is the same Iceland, Australia Luxembourg, France, Norway as Mexico. Sweden Israel, Korea New Zealand, Canada Netherlands, Finland Ireland Austria Portugal Greece, Belgium United Kingdom Slovenia Denmark Germany Chile **United States** Czech Republic Turkey Estonia Poland 77 Slovak Republic Hungary Source: The most recent data available from the OECD Health └> Bottom Ranking State (MS) _75 👨 Statistics 2017 online database were used for Latvia non-U.S. OECD member

countries. The U.S. and state values are from the Henry J. Kaiser Family Foundation (2009).

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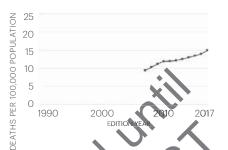
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Drug Deaths

Drug overdoses are the leading cause of injury deaths in the United States with a record high of 64,068 deaths in 2016, 11,664 more than in 2015. More than six out of 10 drug deaths involve an opioid, primarily prescription pain relievers (morphine, oxycodone, hydrocodone) or heroin. Opioid-related overdose deaths increased 200 percent between 2000 and 2014, and since 1999 opioid pain reliever prescribing quadrupled. The effects of drug abuse and overdoses are costly to society, burdening individuals, their families, the health care system and the economy. In 2016, the total cost of opioid abuse, dependence and overdose was over \$95.3 billion.

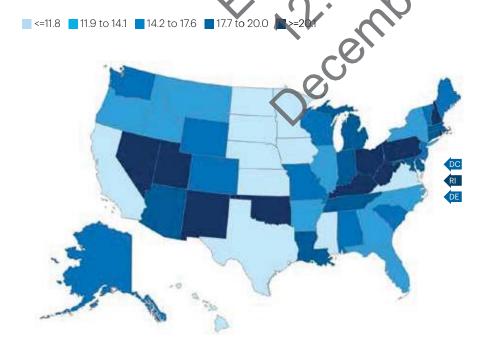
Data source: Centers for Disease Control and Prevention, National Vital Statistics System, 2013-2015
For details: http://www.AmericasHealthRankings.org/AR17/Drugdeaths





Drug Deaths by State

Age-adjusted number of deaths due to drug injur undetermined) per 100,000 population

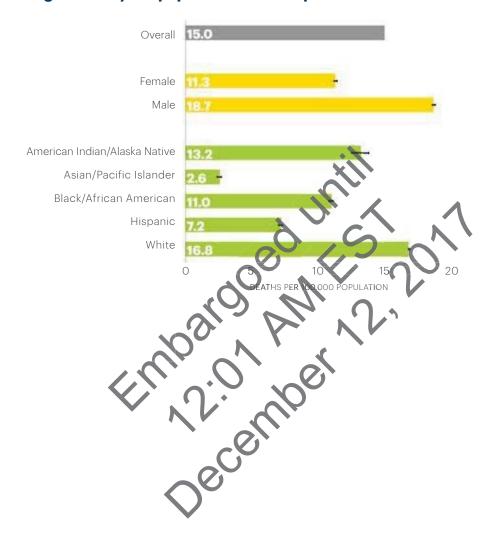


Ranking

by Drug Deaths

Rank	State	Value
1	North Dakota	5.7
2	Nebraska	6.7
3	South Dakota	7.5
4	lowa	9.4
5	Texas	9.7
6	Minnesota	9.9
7	Virginia	11.3
8	Hawaii	11.5
8	Mississippi	11.5
10	California	11.8
10	Kansas	11.8
12	Georgia	11.9
13	New York	12.2
14	Arkansas	12.3
14	Oregon	12.3
6	Illinois	13.2
1.	Montana	13.4
18	Idaho	13.7
19	North Carolina	14.0
20	Florida	14.1
21	Washington	14.2
22	Alabama	14.3
23	South Carolina	14.5
24	New Jersey	14.8
25		14.9
26	Vermont	15.1
27	Wisconsin Alaska	15.6
28	Colorado	16.0
29	Maine	16.7
30	Missouri	17.6
30	Wyoming	17.6
32	Louisiana	17.7
32	Maryland	17.7
34	Indiana	17.9
35	Michigan	18.0
36	Connecticut	18.4
37	Arizona	19.0
38	Massachusetts	19.8
39	Tennessee	19.9
40	Delaware	20.0
41	Oklahoma	20.3
42	Nevada	20.8
43	Pennsylvania	22.2
44	Utah	22.9
45	New Hampshire	24.4
46	Ohio	24.5
47	New Mexico	24.9
47	Rhode Island	24.9
47	Kentucky	25.5
50	West Virginia	35.3
30	United States	15.0
	District of Columbia	17.9
	District of Columbia	17.9

Drug Deaths by Subpopulations with 95 percent confidence intervals



Excessive Drinking

Excessive alcohol use includes binge drinking and chronic drinking; it can lead to memory loss, poor decision making, fetal damage, liver diseases, hypertension, cardiovascular diseases and other major health problems. An annual average of 87,798 alcohol-attributable deaths and 12,460 motor vehicle crashes were due to excessive drinking from 2006 to 2010, along with 2.5 million years of potential life lost. Excessive alcohol use cost the United States \$249 billion in 2010, or \$2.05 for each alcoholic beverage consumed, in terms of losses in workplace productivity, health care expenses, criminal justice expenses, motor vehicle crashes and property damage. The median cost to states was \$3.5 billion.

PERCENTAGE OF ADULTS 20 10 0

percent of adults

1990

Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2016

For details: http://www.AmericasHealthRankings.org/AR17/ExcessDrink

Ranking

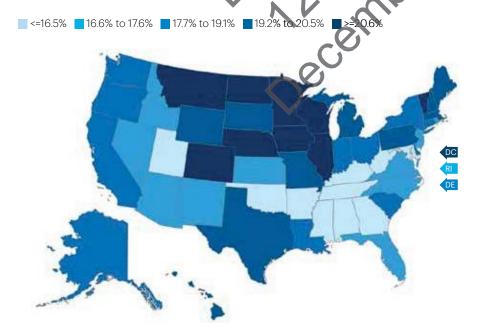
by Excessive Drinking

Rank	State	Value (%)
1	West Virginia	11.8
2	Oklahoma	12.8
3	Utah	13.4
4	Mississippi	13.7
5	Alabama	14.2
6	Tennessee	14.4
7	Georgia	15.1
8	Kentucky	15.8
9	Arkansas	15.9
10	Maryland	16.5
11	New Mexico	16.6
12	North Carolina	16.7
13	New Jersey	17.1
14	Arizona	17.3
15	Idaho	17.4
5	Kansas	17.4
1.	Rhode Island	17.4
15	Virginia	17.4
19	Florida	17.5
20	Nevada	17.6
21	California	17.8
22	Washington	18.2
23	Connecticut	18.4
23	Delaware	18.4
25	Louisiana	18.5
25	Oregon	18.5
25	South Carolina	18.5
28	Indiana	18.6
29	New York	18.8
30	Alaska	19.1
30	Ohio	19.1
32	Texas	19.4
33	Missouri	19.5
34	Wyoming	19.9
35	Massachusetts	20.1
35	New Hampshire	20.1
37	South Dakota	20.2
38	Hawaii	20.3
39	Maine	20.5
39	Michigan	20.5
39	Pennsylvania	20.5
42	Colorado	20.6
42	Vermont	20.6
44	Montana	20.7
45	Illinois	21.1
45	Nebraska	21.1
47	Iowa	22.1
48	Minnesota	22.9
49	North Dakota	25.9
50	Wisconsin	26.2
	United States	18.5
	District of Octor	L:- 00 0

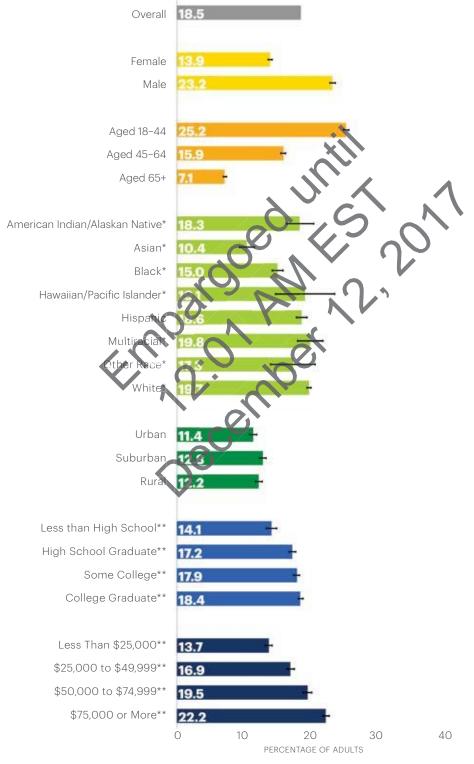
District of Columbia 29.0

Excessive Drinking by State

Percentage of adults who reported either binge drinking (having four or more [women more [men] drinks on one occasion in the past 30 days) or chronic drinking (having eight or more [women] or 15 or more [men] drinks per week)



Excessive Drinking by Subpopulations with 95 percent confidence intervals



^{*} Non-Hispanic ** Adults aged 25 and older

High School Graduation

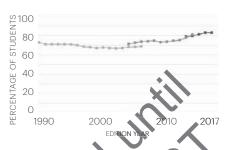
Individuals with more education tend to have fewer negative health behaviors and better health outcomes compared with those with less education. Among adults aged 25 and older without a high school diploma, life expectancy is four to five years shorter than high school graduates, and nine years shorter than college graduates. The prevalence of diabetes, high blood pressure, heart disease and heart attack are significantly higher among those with less than a high school degree. If the health of less educated Americans were on par with the health of college-educated Americans, the result would be a savings of more than \$1 trillion annually.

Data source: U.S. Department of Education, National Center for

Education Statistics, 2014-2015 Data appearing in this edition are the same that appeared in the 2016 edition; an update was not available at the time of this publication.

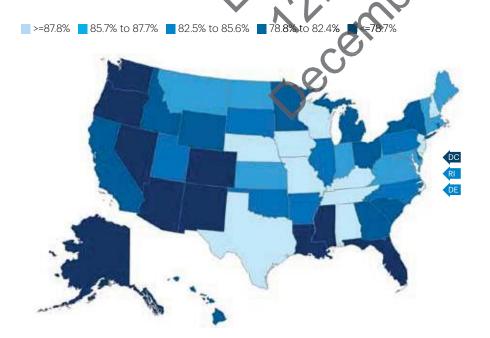
For details: http://www.AmericasHealthRankings.org/AR17/Graduation





High School Graduation by State

Percentage of high school students who graduate with a regular years of starting ninth grade

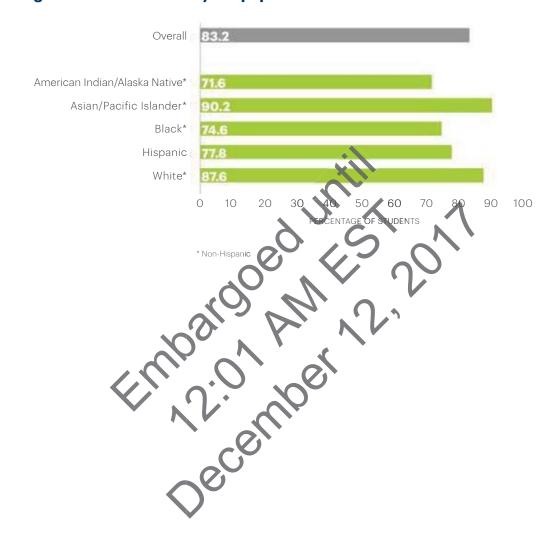


Ranking

by High School Graduation

Rank	State	Value (%)
1	lowa	90.8
2	New Jersey	89.7
3	Alabama	89.3
4	Texas	89.0
5	Nebraska	88.9
6	Wisconsin	88.4
7	New Hampshire	88.1
8	Kentucky	88.0
9	Tennessee	87.9
10	Missouri	87.8
11	Vermont	87.7
12	Maine	87.5
13	Massachusetts	87.3
14	Connecticut	87.2
15	Indiana	87.1
6	Maryland	87.0
1.	North Dakota	86.6
18	West Virginia	86.5
19	Montana	86.0
20	Kansas	85.7
20	Virginia	85.7
22	Delaware	85.6
22	Illinois	85.6
22	North Carolina	85.6
25	Arkansas	
26		84.9 84.8
26	Pennsylvania Utah	84.8
28	South Dakota	83.9
29	Rhode Island	83.2
30	Oklahoma	82.5
31	California	82.0
32		
33	Minnesota Hawaii	81.9
	Ohio	81.6
34 35	South Carolina	80.7
_		80.3 79.8
36	Michigan	
37	Wyoming	79.3
38	New York	79.2
39	Idaho	78.9
40	Georgia	78.8
42	Washington	78.2
43	Florida	77.9
	Louisiana	77.5
44	Arizona	77.4
45	Colorado	77.3
46	Alaska	75.6
47	Mississippi	75.4
48	Oregon	73.8
49	Nevada	71.3
50	New Mexico	68.6
	United States	83.2
	District of Columb	oia 68.5

High School Graduation by Subpopulations

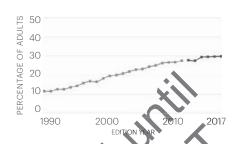


Obesity

Obesity is generally caused by the regular consumption of more calories than the body is able to burn. Additional contributing factors include genetics, prenatal and early life influences, unhealthy diet, insufficient sleep, too much television, lack of physical activity, and the social and physical environment. Obesity is a leading factor in preventable conditions that contribute to illness and death, such as heart disease, type 2 diabetes, stroke, cancer and hypertension. Children with obesity are more likely to have obesity as an adult. The total estimated cost of obesity in 2010 was \$315.8 billion.

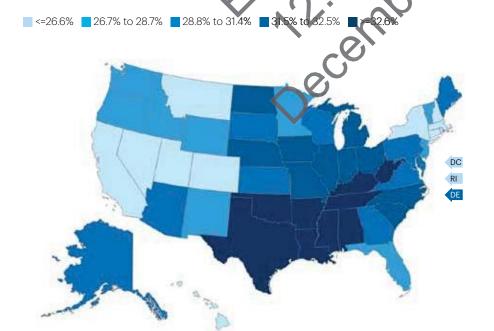
Data source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2016 For details: http://www.AmericasHealthRankings.org/AR17/Obesity





Obesity by State

Percentage of adults with a body mass index of 3



Ranking

by Obesity

Rank	State \	/alue (%)
1	Colorado	22.3
2	Massachusetts	23.6
3	Hawaii	23.8
4	California	25.0
5	Utah	25.3
6	Montana	25.5
6	New York	25.5
8	Nevada	25.8
9	Connecticut	26.0
10	New Hampshire	26.6
10	Rhode Island	26.6
12	Vermont	27.1
13	New Jersey	27.3
14	Florida	27.4
14	Idaho	27.4
6	Wyoming	27.7
1.	Minnesota	27.8
18	New Mexico	28.3
19	Washington	28.6
202121	Oregon	28.7
21	Arizona	29.0
21	Virginia	29.0
23	South Dakota	29.6
24	Maine	29.9
24	Maryland	29.9
26	Pennsylvania	30.3
27	Delaware	30.7
27 29	Wisconsin	30.7
30	Kansas Alaska	31.2 31.4
30	Georgia	31.4
32	Ohio Ohio	31.5
33	Illinois	31.6
34	Missouri	31.7
35	North Carolina	31.8
36	North Dakota	31.9
37	lowa	32.0
37	Nebraska	32.0
39	South Carolina	32.3
40	Indiana	32.5
40	Michigan	32.5
42	Oklahoma	32.8
43	Texas	33.6
44	Kentucky	34.2
45	Tennessee	34.8
46	Louisiana	35.5
47	Alabama	35.7
47	Arkansas	35.7
49	Mississippi	37.3
50	West Virginia	37.7
	United States	29.9
	District of Columb	ia 22.6

Obesity by Subpopulations with 95 percent confidence intervals



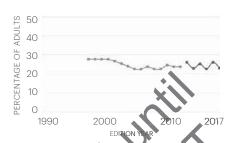
^{*} Non-Hispanic ** Adults aged 25 and older

Physical Inactivity

Physical inactivity is a risk factor for cardiovascular disease, type 2 diabetes, some cancers, depression and premature death. It is also associated with many social and environmental factors including education level, socioeconomic status, violent crime and poverty. Only 23.4 percent of adults met physical activity recommendations between 2008-2014. Reducing physical inactivity would significantly decrease chronic disease prevalence and increase life expectancy. Physical inactivity costs \$117 billion annually and accounts for more than 11 percent of total U.S. health care expenditures.

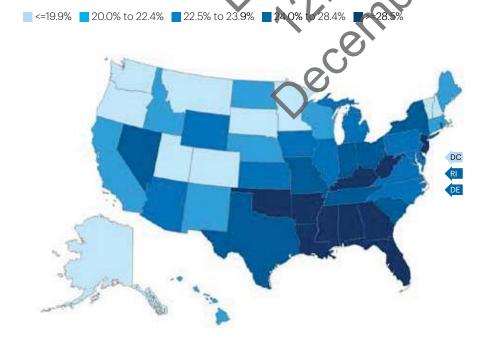
Data source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2016 For details: http://www.AmericasHealthRankings.org/AR17/Sedentary

percent of adults



Physical Inactivity by State

Percentage of adults who reported doing no eir regular job in the past 30 days

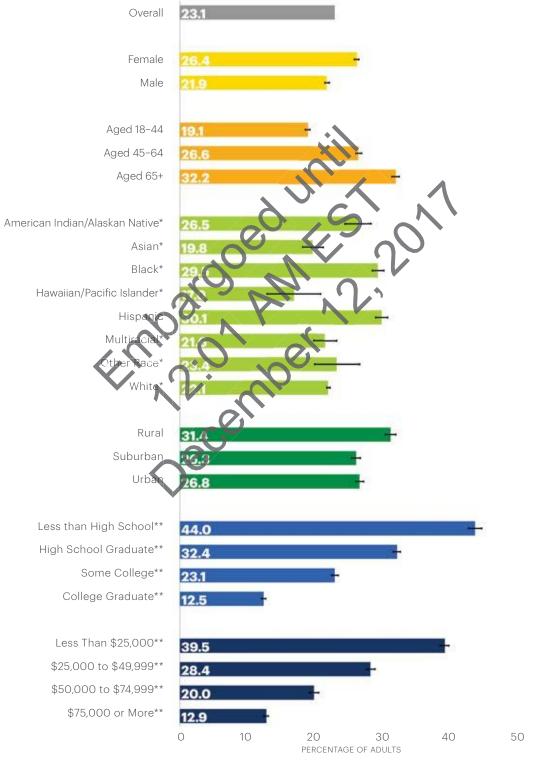


Ranking

by Physical Inactivity

Rank	State	Value (%)
1	Utah	15.7
2	Colorado	15.8
3	Oregon	17.2
4	Washington	17.6
5	Minnesota	18.0
6	South Dakota	18.9
7	Alaska	19.1
8	New Hampshire	19.3
9	Vermont	19.5
10	Montana	19.9
11	Massachusetts	20.0
11	Wisconsin	20.0
13	Idaho	20.2
14	New Mexico	20.3
15	California	20.5
6	Maine	20.6
1.	Hawaii	20.8
18	Connecticut	21.3
19	North Dakota	22.2
20	Nebraska	22.4
21	lowa	22.7
22	Pennsylvania	22.9
23	Arizona	23.1
23	Maryland	23.1
23	Wyoming	23.1
26	North Carolina	23.3
26	Virginia	23.3
28	Kansas	23.5
29	Illinois	23.9
29	Michigan	23.9
31	Rhode Island	24.4
32	Nevada	24.7
33	Missouri	24.9
34	Texas	25.2
35	Ohio	25.9
36	New York	26.3
37	Delaware	26.6
38	Indiana	26.8
39	South Carolina	26.9
40	Tennessee	28.4
41	Oklahoma	28.5
41	West Virginia	28.5
43	Louisiana	29.1
44	Alabama	29.4
44	Georgia	29.4
46	Florida	29.8
46	Kentucky	29.8
46	New Jersey	29.8
49	Mississippi	30.3
50	Arkansas	32.5
	United States	23.1
	District of Columb	

Physical Inactivity by Subpopulations with 95 percent confidence intervals



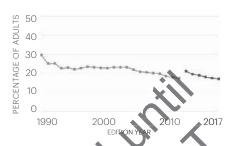
^{*} Non-Hispanic ** Adults aged 25 and older

Smoking

Smoking is the leading cause of preventable death. Annually, more than 480,000 people die from cigarette smoking, including nearly 42,000 deaths from secondhand smoke exposure. More than 16 million Americans are living with a smoking-related disease, which can damage nearly every organ and potentially cause respiratory disease, heart disease, stroke, cancer, preterm birth, low birthweight and premature death. Smoking prevalence has decreased in all 50 states over the past five years, but it has increased among adults with a household income less than \$25,000 in North Dakota, Missouri and New Hampshire. Direct medical expenditures attributed to smoking exceed \$170 billion annually.

Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/Smoking

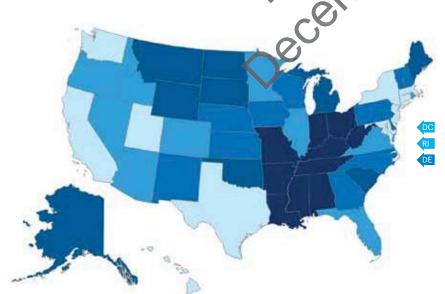




Smoking by State

Percentage of adults who are smokers (reported and currently smoke every or some days)

<=14.3% 14.4% to 16.5% 16.6% to 18.0%

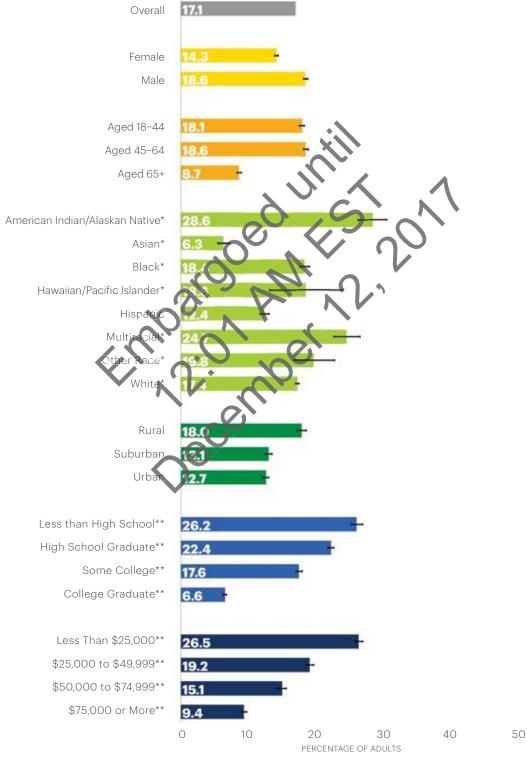


Ranking

by Smoking

Rank	State	Value (%)
1	Utah	8.8
2	California	11.0
3	Hawaii	13.1
4	Connecticut	13.3
5	Massachusetts	13.6
6	Maryland	13.7
7	Washington	13.9
8	New Jersey	14.0
9	New York	14.2
10	Texas	14.3
11	Rhode Island	14.4
12	Idaho	14.5
13	Arizona	14.7
14	Minnesota	15.2
15	Virginia	15.3
6		
	Florida	15.5
1.	Colorado	15.6
18	Illinois	15.8
19	Oregon	16.2
20	Nevada	16.5
21	New Mexico	16.6
22	lowa	16.7
23	Nebraska	17.0
23	Vermont	17.0
25	Wisconsin	17.1
26	Kansas	17.2
27	Delaware	17.7
28	Georgia	17.9
28	North Carolina	17.9
30	New Hampshire	18.0
30	Pennsylvania	18.0
32	South Dakota	18.1
33	Montana	18.5
34	Wyoming	18.9
35	Alaska	19.0
36	Oklahoma	19.6
37	Maine	19.8
37	North Dakota	19.8
39	South Carolina	20.0
40	Michigan	20.4
41	Indiana	21.1
42	Alabama	21.5
43	Missouri	22.1
43	Tennessee	22.1
45	Ohio	22.5
46	Mississippi	22.7
47	Louisiana	22.8
48	Arkansas	23.6
49	Kentucky	24.5
50	West Virginia	24.8
	United States	17.1
Dist	rict of Columbia	14.7

Smoking by Subpopulations with 95 percent confidence intervals



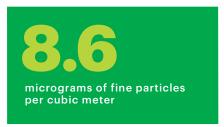
^{*} Non-Hispanic ** Adults aged 25 and older

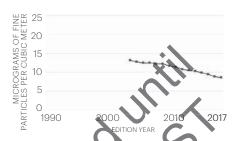
Air Pollution

Fine particulates in smoke and haze penetrate lung tissue and contribute to premature death. Air pollution is linked to poor lung function, asthma, chronic bronchitis, irregular heartbeats and heart attacks. Combustion emissions cause an estimated 200,000 annual premature deaths. The Environmental Protection Agency estimates the Clean Air Act prevented 130,000 heart attacks, 1.7 million asthma attacks, and 13 million lost workdays between 1990 and 2010. It is estimated that the Clean Air Act will prevent 230,000 annual cases of premature death by 2020.

Data source: U.S. Environmental Protection Agency, 2014-2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2014-2016

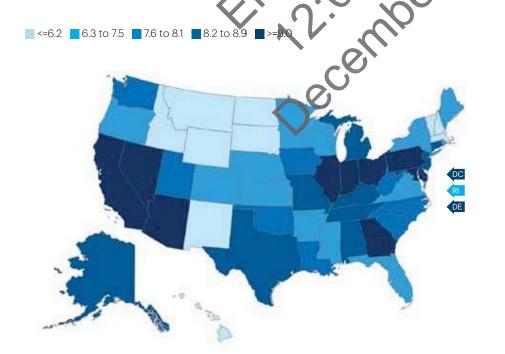
For details: http://www.AmericasHealthRankings.org/AR17/air





Air Pollution by State

Average exposure of the general public to particular



Ranking

by Air Pollution

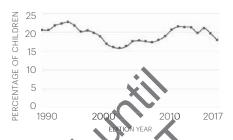
Rank	State	Value
1	Wyoming	3.8
2	North Dakota	4.2
3	South Dakota	5.5
3	Vermont	5.5
5	New Mexico	5.7
6	Hawaii	5.9
6	Idaho	5.9
6	New Hampshire	5.9
9	Montana	6.0
10	Massachusetts	6.2
11	Maine	6.4
12	Colorado	6.6
13	Florida	6.8
13	Oregon	6.8
15	Nebraska	7.0
6	Arkansas	7.2
10	New York	7.2
18	Kansas	7.3
19	Wisconsin	7.4
20	Minnesota	7.5
20	Mississippi	7.5
20	Rhode Island	7.5
20	Virginia	7.5
24	West Virginia	7.7
25	lowa	7.7
25	Louisiana	7.8
25	North Carolina	7.8
25	South Carolina	7.8
25	Washington	7.8
30	Oklahoma	8.1
30	Utah	8.1
32	Tennessee	8.2
33	Missouri	8.3
34	New Jersey	8.5
35	Connecticut	8.6
36	Alaska	8.7
36	Michigan	8.7
38	Kentucky	8.8
39	Alabama	8.9
39	Texas	8.9
41	Georgia	9.0
41	Maryland	9.0
43	Delaware	9.1
43	Nevada	9.1
45	Ohio	9.6
46	Arizona	9.7
46	Indiana	9.7
48	Pennsylvania	10.1
49	Illinois	10.2
50	California	11.7
	United States	8.6
	District of Columbia	10.4

Children in Poverty

Poverty influences a family's ability to meet children's basic needs and may limit access to health care, healthy foods, educational opportunities and physical activity choices. Children living in poverty are three times more likely to have unmet health needs than other children. Children born into poverty are more likely than other children to have low birthweight. As impoverished children grow, they are more likely to engage in risky or unhealthy behaviors and are at a greater lifetime risk of many different health problems. Programs such as the Supplemental Nutrition Assistance Program and Women, Infants, and Children offer nutritional support, education and health care referrals to lowincome families.

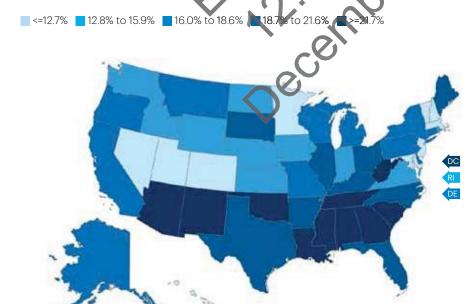
Data source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2016 For details: http://www.AmericasHealthRankings.org/AR17/ ChildPoverty





Children in Poverty by State

Percentage of children younger than 18 who live in households at or below



Ranking

by Children in Poverty

	Rank	State \	/alue (%)
	1	New Hampshire	7.6
	2	Colorado	8.4
	3	Utah	9.0
	4	Maryland	9.6
	5	Massachusetts	11.0
	6	Nevada	11.4
	7	Hawaii	11.6
	8	Vermont	12.3
	9	Minnesota	12.5
	10	New Jersey	12.7
	11	Virginia	13.0
	12	Idaho	13.5
	13	Indiana	13.9
	13	Wyoming	13.9
	15	lowa	14.0
	16	Nebraska	14.1
	17	North Dakota	15.1
•	17	Washington	15.1
	19	Rhode Island	15.6
	20	Kansas	15.9
	21	Connecticut	16.3
	21	Wisconsin	16.3
	23	Montana	16.3
	24		16.7
	25	Delaware	17.3
	26	Michigan New York	
	26		17.6 17.6
	28	Pennsylvania	18.2
		Oregon	
	29	Alaska	18.3
	30	California	18.6
	30	Missouri	18.6
	32	Florida	18.7
	33	Illinois	19.1
	34	Texas	19.2
	35	North Carolina	19.3
	36	South Dakota	19.4
	37	Maine	19.6
	38	Kentucky	20.7
	39	Arkansas	21.4
	40	Ohio	21.6
	41	Oklahoma	21.7
	42	Tennessee	21.9
	43	New Mexico	22.4
	44	South Carolina	22.6
	45	Arizona	23.1
	46	Georgia	23.2
	47	Alabama	24.3
	48	West Virginia	27.3
	49	Louisiana	28.3
	50	Mississippi	29.9
		United States	18.0
		District of Columb	ia 22.6

Infectious Disease

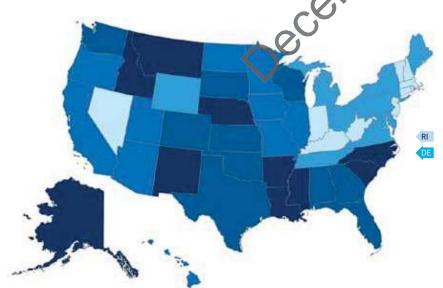
Many largely preventable infectious diseases continue to burden our nation's health. Infectious diseases can lead to hospitalizations and even death, particularly in young children and older adults. The Centers for Disease Control and Prevention tracks many infectious diseases; the three included in this measure were chosen because they are common diseases representing different transmission mechanisms and therefore different prevention and treatment options. Pertussis (whooping cough) is spread through respiratory droplets, Salmonella is generally spread through food, and chlamydia is sexually transmitted. Increases in new cases of infectious disease may indicate a need for greater investment in public health prevention measures such as immunizations and educational campaigns.

Data source: America's Health Rankings composite measure, 2017 For details: http://www.AmericasHealthRankings.org/AR17/infectiousdisease

Infectious Disease by State

Mean z score of the incidence of chlamydia,





Ranking

by Infectious Disease

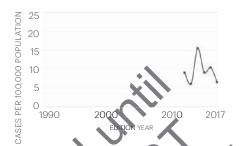
Rank	State	Value
1	West Virginia	-1.107
2	New Hampshire	-1.063
3	Connecticut	-0.853
4	Vermont	-0.740
5	New Jersey	-0.683
6	Indiana	-0.653
7	Kentucky	-0.643
8	Nevada	-0.597
9	Massachusetts	-0.543
10	Rhode Island	-0.533
11	Wyoming	-0.513
12	Michigan	-0.497
13	Virginia	-0.443
14	Pennsylvania	-0.417
15	Tennessee	-0.380
6	Maryland	-0.353
1)	Maine	-0.307
18	Delaware	-0.213
18	New York	-0.213
20	Ohio	-0.210
21	lowa	-0.207
22	Missouri	-0.207
23	Utah	-0.130
24		
25	North Dakota	-0.107 -0.020
	Minnesota Illinois	
26		0.000
27	Oregon	0.010
28	California	0.023
29	Hawaii	0.040
30	Arizona	0.103
31	Colorado	0.147
32	South Dakota	0.163
33	Wisconsin	0.170
34	Kansas	0.177
35	Georgia	0.267
36	Florida	0.277
36 38	Texas Oklahoma	0.277
39	Washington	0.280
40		0.300
41	Alabama Arkansas	0.363
42	Nebraska	0.413
43		0.443
43	Idaho	
44 45	Montana	0.533
	Mississippi	0.660
46	Alaska	0.747
47	South Carolina	0.793
48	North Carolina	0.830
49	New Mexico	0.890
50	Louisiana	0.947
	United States	
	District of Colum	bia

Infectious Disease—Pertussis

Pertussis (whooping cough) is a highly contagious respiratory disease spread through coughing or sneezing and can be life-threatening. In 2015, 20,762 cases were reported, though many more go undiagnosed and unreported. Vaccination is the best way to prevent transmission.

Data source: Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Summary of Notifiable Infectious Diseases and Conditions, 2015 For details: http://www.AmericasHealthRankings.org/AR17/





Infectious Disease—Pertussis by State

Number of new cases of pertussis per 100,000 population

<=2.4 2.5 to 4.2 4.3 to 5.5 5.6 to 11.7



Ranking

by Infectious Disease-Pertussis

		SSIS	Value
1	ariik	Mississippi	0.4
2		Louisiana	1.2
3		Florida	1.7
4		Arkansas	2.0
4		South Dakota	2.0
6			2.0
		Connecticut	
6		Delaware	2.1
8		Maryland	2.2
9		Oklahoma	2.3
1		Georgia	2.4
1		Rhode Island	2.6
1.		Tennessee	2.8
1		New Hampshire	3.1
1.		Alabama	3.3
1.		Hawaii	3.3
1		Indiana	3.4
1		South Carolina	3.5
1	8	Massachusetts	3.7
1	9	Nevada	3.9
2	0	Kentucky	4.2
2	1	West Virginia	4.3
2	2	Missouri	4.4
2	2	North Carolina	4.4
2	2	Virginia	4.4
2	5	Michigan	4.8
	6	Wyoming	4.9
2		New York	5.3
2		lowa	5.5
2		New Jersey	5.5
2		Texas	5.5
3		Illinois	5.6
	2	North Dakota	5.7
	3	Pennsylvania	6.9
	4	Ohio	7.1
	5	Vermont	7.8
	6	Arizona	8.5
	7	California	9.2
	8	Minnesota	10.9
			11.6
	9	New Mexico	
	0	Idaho	11.7
4		Wisconsin	13.1
	2	Alaska	14.2
	.3	Kansas	14.5
	4	Oregon	14.6
	.5	Utah	16.7
	6	Colorado	16.8
	.7	Washington	19.3
	8	Maine	21.1
	.9	Montana	22.3
5	0	Nebraska	27.2
		United States	6.5
		District of Columbia	1.6

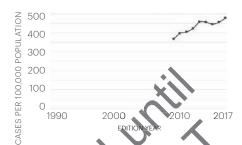
Infectious Disease—Chlamydia

Chlamydia is a sexually transmitted infection caused by the bacterium Chlamydia trachomatis that infects both men and women. More than 1.5 million chlamydia cases were reported in 2015 making it the most common notifiable infectious disease. While easily treated, chlamydia infections can lead to serious health problems if left untreated.

Data source: Centers for Disease Control and Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas, 2015

For details: http://www.AmericasHealthRankings.org/AR17/





Ranking

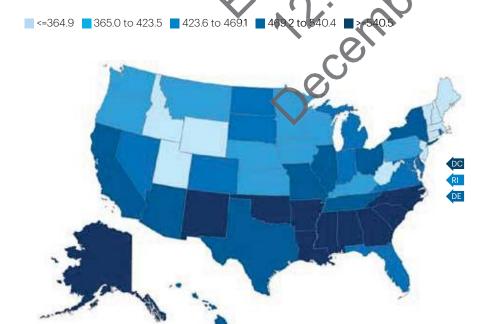
by Infectious Disease—

(Chlamydia					
	Rank	State	Value			
	1	New Hampshire	233.3			
	2	West Virginia	268.0			
	3	Utah	293.3			
	4	Maine	298.1			
	5	Vermont	303.4			
	6	Idaho	344.5			
	7	Wyoming	348.7			
	8	New Jersey	350.6			
	9	Massachusetts	357.3			
	10	Connecticut	364.9			
	11	lowa	388.9			
	12	Minnesota	389.3			
	13	Kansas	394.8			
	14	Kentucky	395.2			
ł	15	Washington	406.4			
	6		408.8			
	1.\	Montana Oregon	410.7			
	18	Pennsylvania	418.1			
	19	Nebraska	422.9			
	20	Wisconsin	423.5			
	21	Virginia	424.5			
	22	North Dakota	427.2			
	23	Rhode Island	433.6			
	24	Indiana	437.9			
	25	Colorado	445.4			
	26	Florida	454.8			
	27	Nevada	455.3			
	28	Maryland	459.3			
	29	South Dakota	462.9			
	30	Michigan	469.1			
	31	Missouri	477.4			
	32	Tennessee	477.5			
	33	Arizona	481.1			
	34	California	487.5			
	35	Ohio	489.3			
	36	Delaware	492.2			
	37	Hawaii	498.3			
	38	Texas	523.6			
	39	New York	524.7			
	40	Illinois	540.4			
	41	Oklahoma	542.2			
	42	Alabama	543.6			
	43	Arkansas	545.0			
	44	South Carolina	569.9			
	45	Georgia	570.8			
	46	Mississippi	580.2			
	47	New Mexico	605.7			
	48	North Carolina	647.4			
	49	Louisiana	695.2			
	50	Alaska	768.3			
		United States	478.8			
		District of Oak make	11001			

District of Columbia 1198.1

Infectious Disease—Chlamydia by State

Number of new cases of chlamydia per 100,000



Infectious Disease—Chlamydia by Subpopulations

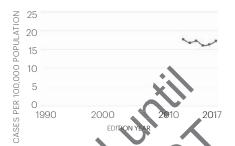


Infectious Disease—Salmonella

Infections caused by Salmonella bacteria often produce diarrhea, fever and abdominal cramps between 12 and 72 hours after exposure. Approximately 1.2 million U.S. Salmonella infections occur annually, with 1 million illnesses resulting from contaminated food.

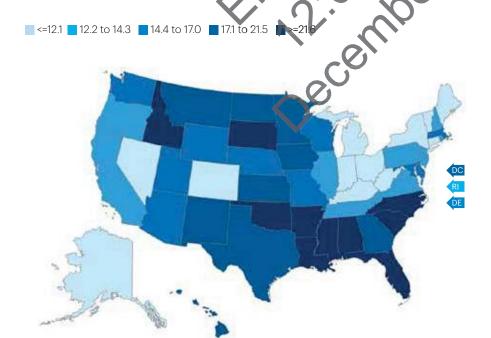
Data source: Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Summary of Notifiable Infectious Diseases and Conditions, 2015 For details: http://www.AmericasHealthRankings.org/AR17/





Infectious Disease—Salmonella by State

Number of new cases of Salmonella per 100,000 population



Ranking

by Infectious Disease— Salmonella

Rank	State	Value
1	Maine	9.3
2	Nevada	9.6
3	Michigan	9.7
4	Indiana	10.1
5	Alaska	10.6
6	West Virginia	10.8
7	Colorado	11.3
7	New York	11.3
9	Ohio	11.7
10	Connecticut	12.1
10	Kentucky	12.1
10	Vermont	12.1
13	Pennsylvania	12.4
14	New Jersey	12.8
15	New Hampshire	13.0
16	Oregon	13.1
1)	Rhode Island	13.6
17	Tennessee	13.6
19	Virginia	14.1
20	California	14.3
20	Illinois	14.3
22	Washington	14.5
23	Utah	15.4
24	Maryland	16.0
25	Missouri	16.2
26	Nebraska	16.3
27	Delaware	16.8
28	Wyoming	16.9
29	Arizona	17.0
29	Massachusetts	17.0
29	Wisconsin	17.0
32	Kansas	17.5
33	Minnesota	17.7
34	Montana	18.9
35	North Dakota	19.2
36	Iowa	19.8
37	Hawaii	20.1
38	Texas	20.9
39	Georgia	21.1
40	New Mexico	21.5
41	Oklahoma	23.2
42	Alabama	23.7
43	North Carolina	25.3
44	Arkansas	26.0
45	South Dakota	26.2
46	Louisiana	28.4
47	Florida	29.3
48	South Carolina	30.9
49	Idaho	35.6
50	Mississippi	35.7
	United States	17.2
	District of Columbia	18.2

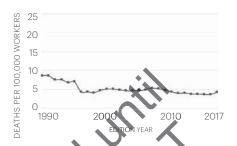
Occupational Fatalities

In 2015, 4,836 deaths occurred on the job, the highest number since 2008. The leading causes were transportation incidents, falls, contact with equipment, and violence that includes homicide and suicide. Fatal workplace injuries disproportionately affect men, adults aged 65 and older, and Hispanic and Latino employees. Workplace fatalities are almost always preventable. Increased safety precautions and regulatory oversight have significantly reduced the number of occupational injuries and fatalities, even in the riskiest occupations. The estimated cost of occupational fatalities was \$206.1 billion in 2013, or \$1.45 million per death.

Data source: U.S. Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2013-2015; U.S. Bureau of Economic Analysis,

For details: http://www.AmericasHealthRankings.org/AR17/ WorkFatalities





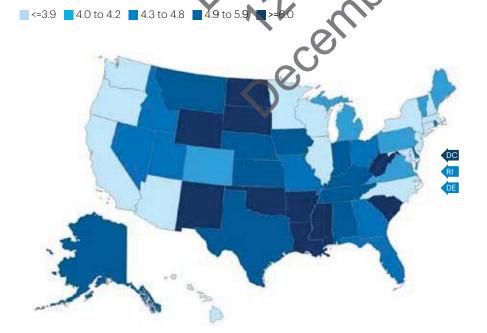
Ranking

by Occupational Fatalities

Rank	State	Value
1	New York	2.0
2	Massachusetts	2.4
3	Washington	2.5
4	Minnesota	2.8
5	California	3.0
6	New Hampshire	3.1
7	Oregon	3.4
8	Connecticut	3.5
9	New Jersey	3.7
10	Arizona	3.9
10	Hawaii	3.9
10	Illinois	3.9
10	Maryland	3.9
10	North Carolina	3.9
10	Wisconsin	3.9
16	Colorado	4.0
16	Michigan	4.0
16	Vermont	4.0
19	Maine	4.1
20	Pennsylvania	4.2
20	Virginia	4.2
22	Ohio	4.3
22	Rhode Island	4.3
24	Delaware	4.4
24	Utah	4.4
26	Florida	4.6
27	Idaho	4.7
27	Nevada	4.7
29	Georgia	4.8
29	Missouri	4.8
31	Kansas	5.0
31	Nebraska	5.0
33	Indiana	5.1
33	Tennessee	5.1
35	Alabama	5.5
35	lowa	5.5
35		5.5
38	Kentucky	
38	Montana	5.6
40	Texas Alaska	5.6 5.9
41	South Dakota	6.2
41	South Carolina	
43		6.4
	New Mexico	6.9
44	Arkansas	7.5
44	Louisiana	7.5
46	West Virginia	7.7
47	Oklahoma	8.1
48	Mississippi	9.3
49	North Dakota	9.5
50	Wyoming	12.6
	United States	4.3

Occupational Fatalities by State

Number of fatal occupational injuries in construction, manufacturing, trade, training, trade, trade, training, trade, training, trade, trade, trade, trade, tra and professional and business services per 100,000 workers

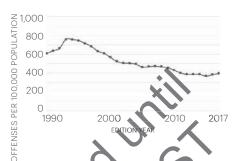


District of Columbia 6.1

Violent Crime

More than 1.2 million violent crimes occurred in the United States in 2016, including 17,000 homicides. Homicide is the third-leading cause of death among those aged 15 to 34. Violent crime can cause injuries, mental health issues, disability, death, and long-term stress in children, families and neighborhoods. Violent crime interferes with healthy lifestyles by discouraging physical activity. Exposure to violence in childhood is associated with increased risk of chronic diseases in adulthood such as heart disease, diabetes and stroke. Violent crime carries an annual economic burden estimated at \$65 billion in lost productivity and \$6 billion in direct medical costs.

Data source: Federal Bureau of Investigation, 2016 For details: http://www.AmericasHealthRankings.org/AR17/Crime offenses per 100,000 population



Violent Crime by State

Number of murders, rapes, robberies and aggrave



Ranking

by Violent Crime

Rank	State	Value
1	Maine	124
2	Vermont	158
3	New Hampshire	198
4	Virginia	218
5	Connecticut	227
6	Idaho	230
7	Kentucky	232
8	Rhode Island	239
9	Minnesota	243
9	Utah	243
11	Wyoming	244
12	New Jersey	245
13	North Dakota	251
14	Oregon	265
15	Mississippi	281
6	lowa	291
10	Nebraska	291
18	Ohio	300
19	Washington	300
20	Wisconsin	302
21		309
22	Hawaii	316
23	Pennsylvania	343
23	Colorado	343
25	West Virginia	
	Montana	368
26	North Carolina	372
27	New York	376
28	Massachusetts	377
29	Kansas	380
30	Georgia	398
31	Indiana	405
32	South Dakota	418
33	Florida	430
34	Texas	434
35	Illinois	436
36	California	445
37	Oklahoma	450
38	Michigan	459
39	Arizona	470
40	Maryland	472
41	South Carolina	502
42	Delaware	509
43	Missouri	519
44	Alabama	532
45	Arkansas	551
46	Louisiana	566
47	Tennessee	633
48	Nevada	678
49	New Mexico	703
50	Alaska	804
	United States	397
	District of Columbia	1206

Immunizations—Adolescents

As children age, protection from some childhood vaccines diminish, putting school-aged children at risk for serious diseases like pertussis. A tetanus diphtheria and acellular pertussis booster (Tdap) for teens (preferably at age 11 or 12) is recommended to maintain protection against pertussis and to prevent the disease from spreading to vulnerable individuals, including infants and older adults. Other recommended vaccines are the meningococcal conjugate vaccine (MenACWY) that protects against meningococcal disease in teens and young adults and the human papillomavirus (HPV) vaccine that protects against cervical, genital and oropharyngeal cancers into adulthood. Yearly administration of the flu vaccine is also recommended to protect against seasonal influenza.

Data source: America's Health Rankings composite measure, 2017 For details: http://www.AmericasHealthRankings.org/AR17/immunize_teens_a

Immunizations—Adolescents by State

Mean z score of the percentage of adolescents aged 13 to 17 who received dose of Tdap vaccine since age 10, >=1 dose of meningococcal vaccine recommended doses of human papillomavirus vaccine

>=0.765 0.060 to 0.764 -0.180 to 0.059



Ranking

by Immunizations— Adolescents

	Rank	State	Value
	1	Rhode Island	1.717
	2	Massachusetts	1.425
	3	Connecticut	1.055
	4	New Hampshire	1.040
	5	Vermont	1.030
	6	North Dakota	0.980
	7	Pennsylvania	0.943
	8	Michigan	0.920
	9	New York	0.918
	10	Georgia	0.765
	11	Louisiana	0.680
	12	Delaware	0.630
	13	Wisconsin	0.473
	14	Maine	0.470
	15	New Jersey	0.452
	16	Illinois	0.445
	17	West Virginia	0.283
١	18		
		Minnesota	0.257
	19	Arkansas	0.135
	20	Ohio	0.060
	21	Maryland	0.027
	22	Indiana	-0.028
	23	Colorado	-0.032
	24	Nebraska	-0.072
	25	lowa	-0.078
	26	Washington	-0.112
	27	Idaho	-0.137
	28	Kentucky	-0.138
	29	Arizona	-0.158
	30	Florida	-0.180
	31	North Carolina	-0.217
	32	Hawaii	-0.272
	33	Nevada	-0.318
	34	Oklahoma	-0.323
	35	California	-0.325
	36	Alabama	-0.333
	37	Tennessee	-0.373
	38	New Mexico	-0.452
	39	Texas	-0.493
	40	Virginia	-0.590
	41	Oregon	-0.620
	42	Kansas	-0.757
	43	Montana	-0.790
	44	Utah	-0.962
	45	Missouri	-1.133
	46	Alaska	-1.177
	47	Wyoming	-1.368
	48	South Dakota	-1.382
	49	South Carolina	-1.633
	50	Mississippi	-1.647
		United States	
		District of Colum	bia

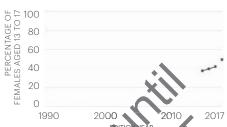
Immunizations, HPV Females

Human papillomavirus (HPV) is the most common sexually transmitted infection, affecting nearly all sexually active people. Almost 80 million Americans, or about one in four, are infected with HPV, and about 14 million people become newly infected each year. Completing the HPV vaccine series before becoming sexually active can prevent HPV infections that cause cervical, vaginal and vulvar cancers in women, penile cancer in men, and anal cancer, throat cancer and genital warts in both men and women.

Data source: Centers for Disease Control and Prevention, National Immunization Survey, 2016

For details: http://www.AmericasHealthRankings.org/AR17/immunize_





Ranking

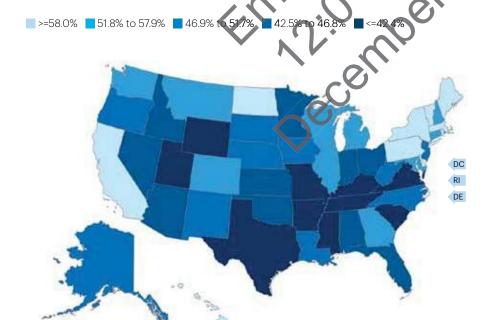
by Immunizations, HPV Females

HPV Females			
Rank	State	Value (%)	
1	Rhode Island	73.0	
2	Delaware	66.8	
3	Maine	64.3	
4	Massachusetts	62.0	
5	Hawaii	61.5	
6	New York	61.3	
7	North Dakota	60.2	
8	Vermont	58.4	
9	California	58.3	
10	Pennsylvania	58.0	
11	Connecticut	56.9	
12	New Hampshire	56.5	
13	Georgia	55.4	
13	Michigan	55.4	
15	Washington	55.2	
16	Wisconsin	53.6	
1.	Illinois	52.6	
18	Montana	52.5	
19	Colorado	52.1	
20	Maryland	51.8	
21	Louisiana	50.8	
22	Nebraska	50.6	
23	Oregon	50.3	
24	New Jersey	50.1	
25	West Virginia	49.7	
26	New Mexico	49.0	
27	Alaska	47.8	
28	lowa	47.4	
29	South Dakota	47.3	
30	North Carolina	46.9	
31	Arizona	46.6	
32	Alabama	46.5	
33	Florida	46.4	
33	Minnesota	46.4	
35	Kansas	45.6	
36	Oklahoma	43.6	
37	Indiana	43.5	
38	Idaho	43.4	
39	Nevada	43.0	
40	Ohio	42.5	
41	Utah	41.3	
42	Virginia	41.1	
43	Kentucky	39.7	
43	Texas	39.7	
45	Missouri	38.5	
46	Tennessee	36.9	
47	Arkansas	35.5	
48	Mississippi	33.9	
48	Wyoming	33.9	
50	South Carolina	30.8	
	United States	49.5	

District of Columbia 65.1

Immunizations, HPV Females by State

Percentage of females aged 13 to 17 who are up to date on all recommended doses of human papillomavirus (HPV) vaccine



Immunizations, HPV Males

Human papillomavirus (HPV) is the most common sexually transmitted infection, affecting nearly all sexually active people. Almost 80 million Americans, or about one in four, are infected with HPV, and about 14 million people become newly infected each year. HPV vaccination before becoming sexually active can prevent HPV infections that cause cervical, vaginal and vulvar cancers in women, penile cancer in men, and anal cancer, throat cancer and genital warts in both men and women.

Data source: Centers for Disease Control and Prevention, National Immunization Survey, 2016

For details: http://www.AmericasHealthRankings.org/AR17/immunize_hpv_male





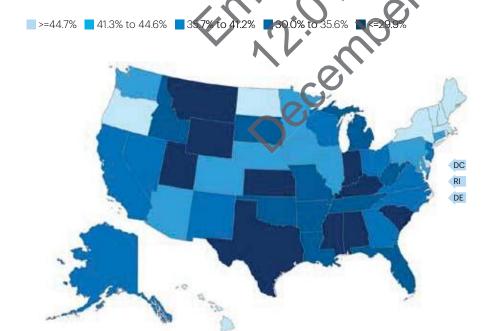
Ranking

by Immunizations, **HPV** Males

HPV N	Males	
Rank	State	Value (%)
1	Rhode Island	68.7
2	Vermont	53.1
3	Massachusetts	51.4
4	New York	50.3
5	Maine	48.2
6	Delaware	47.3
7	Hawaii	46.9
8	New Hampshire	46.3
9	North Dakota	45.5
10	Oregon	44.7
11	Maryland	44.5
12	Pennsylvania	44.4
13	Colorado	44.0
13	Washington	44.0
15	lowa	43.8
16	Illinois	43.2
17	Minnesota	42.0
18	Arizona	41.7
19	Connecticut	41.5
20	Nebraska	41.3
21	Ohio	41.1
22	California	40.3
23	Alaska	39.1
24	Wisconsin	37.8
25	Virginia	37.4
26	Nevada	37.0
26	New Mexico	37.0
28	Georgia	36.2
29	New Jersey	35.8
30	North Carolina	35.7
31	Tennessee	35.2
32	Oklahoma	35.0
33	Michigan	34.6
34	Florida	34.5
35	Arkansas	33.6
36 37	Missouri Louisiana	33.3
38		33.2
39	West Virginia South Dakota	
40	Idaho	30.5
41	Kentucky	28.5
41 42		27.9
42	Montana South Carolina	
43		27.4 26.5
44 45	Texas	
45 46	Kansas	26.0
	Alabama	24.7
46 48	Indiana	24.7
	Mississippi	24.5
49	Utah	20.3
50	Wyoming	19.9
	United States	37.5
	District of Columb	oia 58.8

Immunizations, HPV Males by State

Percentage of males aged 13 to 17 who are up to date on all recommended doses of human papillomavirus (HPV) vaccine

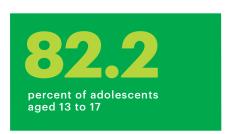


Immunizations, Meningococcal

Meningococcal disease is a potentially lifethreatening illness caused by Neisseria meningitidis bacteria, most commonly diagnosed in infants, teens and young adults. The meningococcal vaccine protects against the three most common serogroups (B, C and Y) seen in the United States.

Data source: Centers for Disease Control and Prevention, National

 $For \ details: http://www.AmericasHealthRankings.org/AR17/Immunize_$





Immunizations, Meningococcal by State

Percentage of adolescents aged 13 to 17 who received vaccine (MenACWY)





Ranking

by Immunizations, Meningococcal

VIEIIII	igococcai	
		Value (%)
1	Rhode Island	96.4
2	Michigan	95.0
3	Connecticut	93.9
4	Pennsylvania	92.7
5	North Dakota	92.0
6	New Jersey	91.7
7	Georgia	91.4
8	Louisiana	90.9
9	Massachusetts	90.4
10	New York	89.2
11	Arkansas	89.1
12	West Virginia	89.0
13	Indiana	88.0
13	New Hampshire	88.0
15	Delaware	87.3
6	Idaho	86.5
1.	Vermont	86.4
18	Kentucky	85.9
19	Wisconsin	85.6
20	Texas	85.5
21	Arizona	85.2
21	Minnesota	85.2
23	Maryland	84.8
24	Illinois	83.9
25	Maine	83.5
26	Nebraska	80.2
27	California	79.7
28	Ohio	79.6
29	Nevada	78.7
30	New Mexico	77.8
31	Colorado	77.5
32	Utah	76.6
33	Florida	76.3
33	Tennessee	76.3
35	Hawaii	75.8
36	North Carolina	75.7
37	Washington	75.1
38	lowa	74.9
39	Oklahoma	73.6
40	Alabama	72.4
41	Virginia	71.5
42	Oregon	70.5
43	Kansas	69.7
44	South Carolina	68.9
45	Montana	67.6
46	Alaska	67.0
47	Missouri	66.2
48	South Dakota	65.7
49	Mississippi	57.4
50	Wyoming	54.2
	United States	82.2
	District of Columb	
	DISTRICT OF CORUM	, a 00.0

Immunizations, Tdap

The tetanus, diphtheria and acellular pertussis booster (Tdap) provides protection from potentially serious diseases caused by three types of bacteria: tetanus (lockjaw), diphtheria and pertussis (whooping cough). The Tdap booster is recommended for adolescents, preferably at age 11 or 12, who have completed the recommended childhood diphtheria, tetanus and acellular pertussis (DTaP) vaccine series.

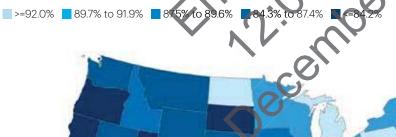
Data source: Centers for Disease Control and Prevention, National Immunization Survey, 2016 For details: http://www.AmericasHealthRankings.org/AR17/Immunize_





Immunizations, Tdap by State

Percentage of adolescents aged 13 to 17 who level of tetanus, diphtheria and acellular pertussis (Tdap) vaccine since age 10





Ranking

by Immunizations, Tdap

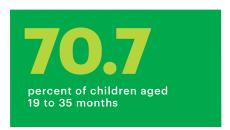
Rank	State	Value (%)
1	Massachusetts	96.7
2	Rhode Island	95.4
3	New Hampshire	95.3
4	Connecticut	93.9
5	Vermont	93.8
6	Louisiana	93.7
7	Michigan	93.6
8	Georgia	92.8
9	North Dakota	92.0
9	Pennsylvania	92.0
11	Alabama	91.7
12	Wisconsin	91.6
13	New York	91.1
14	Arkansas	91.0
14	Illinois	91.0
16	Ohio	90.8
17	New Jersey	89.9
18		89.7
18	Florida	
	Minnesota	89.7
18	West Virginia	89.7
21	Oklahoma	89.6
22	Indiana	89.5
23	Tennessee	89.3
24	lowa	89.2
25	North Carolina	89.1
26	Kentucky	89.0
27	Colorado	87.5
27	Delaware	87.5
27	Idaho	87.5
27	Maine	87.5
31	Kansas	87.3
32	Nevada	87.1
32	Virginia	87.1
34	Nebraska	86.8
34	Washington	86.8
36	Wyoming	86.7
37	Montana	85.7
38	Maryland	85.0
38	Texas	85.0
40	Arizona	84.3
40	New Mexico	84.3
42	Missouri	83.9
42	Utah	83.9
44	Oregon	83.2
45	Hawaii	82.2
46	California	82.1
47	Mississippi	82.0
48	Alaska	79.4
48	South Dakota	79.4 79.4
50	South Carolina	77.5
-50	United States	88.0
	District of Columb	
	District of Columb	ла об.б

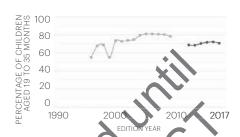
Immunizations—Children

Early childhood immunization is a safe and costeffective means of protecting children from potentially life-threatening diseases. Infants receiving recommended immunizations by age two are protected from 14 diseases. After the implementation of the Vaccines For Children Program in 1994, it is estimated that among all children born between 1994 and 2013, childhood vaccinations prevented 322 million illnesses and roughly 732,000 early deaths, saving society a total of \$1.38 trillion. Unfortunately, geographic, racial and socioeconomic variation in U.S. childhood vaccination coverage levels persists. Non-Hispanic black children and children living below the federal poverty level had the lowest immunization coverage in 2016.

Data source: Centers for Disease Control and Prevention, National Immunization Survey, 2016

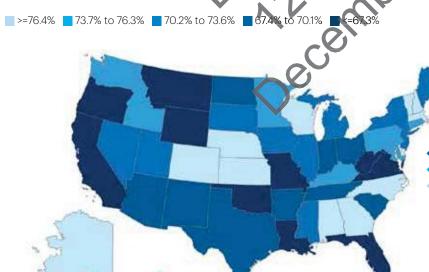
For details: http://www.AmericasHealthRankings.org/AR17/Immunize





Immunizations—Children by State

Percentage of children aged 19 to 35 months who received recommended doses of diphtheria, tetanus and acellular pertussis (DTaP), measles, mumps and rubella (MMR), polio, Haemophilus influenzae type b (Hib), hepatitis B, varicella and pneumococcal conjugate va



Ranking

by Immunizations—Children

Rank	State \	/alue (%)
1	Massachusetts	85.3
2	Nebraska	80.6
3	Wisconsin	79.4
4	Delaware	78.1
5	New Hampshire	78.0
6	North Carolina	77.8
7	Alabama	77.3
7	Georgia	77.3
9	Vermont	76.8
10	Colorado	76.4
10	Kansas	76.4
12	Connecticut	75.7
12	Washington	75.7
14	Rhode Island	75.5
15	Hawaii	75.1
6	Kentucky	74.5
1	Maryland	74.4
18	Idaho	73.9
19	Minnesota	73.8
20	Pennsylvania	73.7
21	lowa	73.5
22	New York	72.3
23	Utah	72.2
24	Nevada	71.9
25	Illinois	71.5
26	Maine	70.6
27	Mississippi	70.4
27	South Dakota	70.4
29	Michigan	70.2
29	New Jersey	70.2
31	Arizona	69.9
32	South Carolina	69.7
33	Texas	69.5
34	Alaska	68.8
34	Indiana	68.8
36	New Mexico	68.5
37	North Dakota	68.2
38	Ohio	68.0
39	Arkansas	67.8
40	Tennessee	67.4
41	Florida	67.1
42	Oklahoma	67.0
43	Missouri	66.9
44	Louisiana	66.8
45	Virginia	65.9
46	California	65.3
47	West Virginia	64.7
48	Montana	63.6
49	Wyoming	62.8
50	Oregon	58.1
	United States	70.7
	District of Columb	ia 68.2

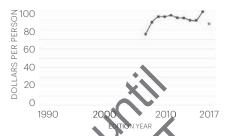
Public Health Funding

Public health funding allows states to proactively implement preventive and education programs that improve health. Public health program spending represents only a small fraction of all health care spending, yet its impact can be substantial. Increased spending on public health programs is linked to a decrease in mortality from preventable causes of death. Research shows investing \$10 per person per year in community-based programs proven to increase physical activity, improve nutrition, and prevent smoking or other tobacco use could save the country more than \$16 billion annually within five years. This is a return of \$5.60 for every \$1 invested.

Data source: Trust For America's Health, 2015-2016; U.S. Department of Health & Human Services, 2015-2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016,

For details: http://www.AmericasHealthRankings.org/AR17/PH_





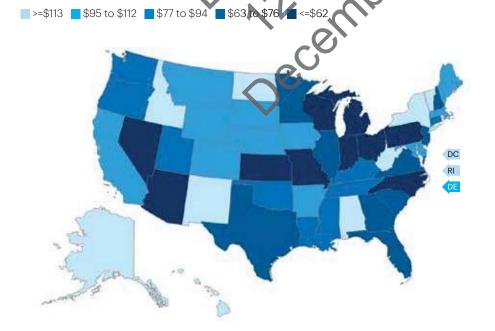
Ranking

by Public Health Funding

Rank	State	Value
1	West Virginia	296
2	Alaska	285
3	Hawaii	247
4	North Dakota	154
5	Idaho	153
5	New York	153
7	Rhode Island	140
8	Vermont	138
9	New Mexico	126
10	Alabama	113
11	Montana	111
12	Wyoming	110
13	Massachusetts	108
14	Arkansas	107
14	Delaware	107
16	lowa	105
16	South Dakota	105
18	California	103
19	Colorado	97
20	Maine	95
20	Maryland	95
20	Nebraska	95
23	Tennessee	94
24	Washington	93
25	Oklahoma	87
26	Louisiana	86
27	Connecticut	82
28	Oregon	81
29	Kentucky	79
30	Mississippi	77
30	Utah	77
32	South Carolina	74
33	Minnesota	73
33	Virginia	73
35	Georgia	72
36	New Hampshire	71
37	Illinois	69
38	Texas	67
39	New Jersey	65
40	Florida	63
41	Michigan	62
42	Kansas	56
42	North Carolina	56
42	Pennsylvania	56
45	Missouri	53
45	Ohio	53
47	Arizona	50
47	Wisconsin	50
49	Indiana	
50	Nevada	41
	United States	86
		00

Public Health Funding by State

State dollars dedicated to public health and federal dollars directed to states by the Centers for Disease Control and Prevention and the Health Resources Services Administration per person



District of Columbia 506

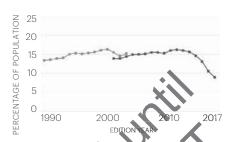
Uninsured

Individuals without health insurance have more difficulty accessing the health care system, are often unable to participate in preventive care programs, and tend to have more unmet health needs than those with health insurance. Unmet health needs may develop into more serious conditions requiring more costly treatments. Lack of health insurance often leads to emergency department visits that can be 10 times costlier than treatment in a clinic. Since the passage of the Affordable Care Act in 2010, the percentage of uninsured Americans is the lowest it has been in over 50 years.

Data source: U.S. Census Bureau, American Community Survey,

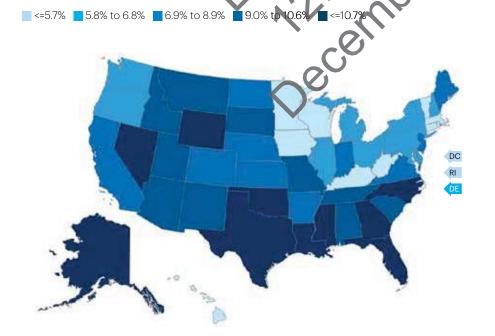
For details: http://www.AmericasHealthRankings.org/AR17/uninsured





Uninsured by State

Percentage of the population that does not have or through the government



Ranking

by Uninsured

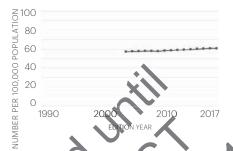
Rank	State	Value (%)
1	Massachusetts	2.7
2	Hawaii	3.8
2	Vermont	3.8
4	Minnesota	4.3
5	lowa	4.7
6	Rhode Island	5.0
7	Connecticut	5.5
7	Wisconsin	5.5
9	Kentucky	5.6
10	West Virginia	5.7
11	Delaware	5.8
11	Michigan	5.8
13		
14	Pennsylvania New Hampshire	6.0 6.1
14	Ohio	6.1
6		
_	Washington	6.3
1.	Maryland	6.4
18	New York	6.6
18	Oregon	6.6
20	Illinois	6.8
21	North Dakota	7.4
22	Colorado	7.8
23	California	8.0
24	Maine	8.2
25	Nebraska	8.4
25	New Jersey	8.4
27	Arkansas	8.7
28	Indiana	8.9
28	Kansas	8.9
28	Virginia	8.9
31	Missouri	9.4
32	South Dakota	9.5
33	Alabama	9.6
34	Tennessee	9.7
34	Utah	9.7
36	Montana	9.9
37	New Mexico	10.1
38	Arizona	10.4
39	South Carolina	10.5
40	Idaho	10.6
41	North Carolina	10.8
42	Louisiana	11.1
43	Wyoming	11.5
44	Nevada	11.9
45	Mississippi	12.3
46	Florida	12.9
47	Georgia	13.4
48	Oklahoma	13.9
49	Alaska	14.5
50	Texas	16.9
	United States	9.0
	District of Columbi	a 3.9

Dentists

Nearly one-third of U.S. adults have untreated tooth decay, and despite steady growth in working dentists, many areas and populations do not have an adequate supply of dentists to meet current needs. Significant oral health disparities exist in rural communities. These disparities are due to limited access to oral health care, which is associated with an inadequate supply of dentists, a decreasing number of dentists accepting Medicaid patients, patient difficulty in traveling to a dentist, poverty, lack of a fluoridated community water supply and a growing older adult population. Disparities in oral health care contribute to higher rates of dental caries and toothlessness in rural populations compared with urban populations.

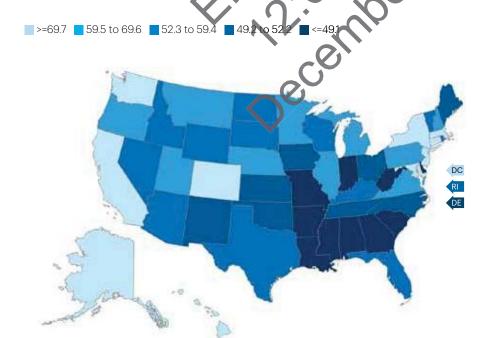
Data source: American Dental Association, 2016 For details: http://www.AmericasHealthRankings.org/AR17/dentists





Dentists by State

Number of practicing dentists per 100,000



Ranking

by Dentists

	Rank	State	Value
	1	Massachusetts	80.7
	1	New Jersey	80.7
	3	California	76.8
	4	Hawaii	76.4
	5	Connecticut	76.1
	6	Alaska	74.1
	7	New York	73.5
	8	Washington	71.6
	9	Maryland	70.7
	10	Colorado	69.7
	11	Oregon	67.9
	12	Illinois	67.4
	13	Nebraska	65.1
	14	Virginia	63.6
	15	New Hampshire	63.4
	16	Utah	61.7
	17		61.5
١	18	Michigan	
		Pennsylvania	60.7 60.5
	19 20	Montana	
		Minnesota	59.5
	21	Vermont	57.0
	22	Wisconsin	55.9
	23	Idaho	55.8
	24	North Dakota	55.4
	25	Kentucky	54.6
	26	Rhode Island	54.2
	27	Arizona	53.9
	28	Wyoming	53.1
	29	Nevada	52.9
	30	Florida	52.3
	30	South Dakota	52.3
	30	Texas	52.3
	33	Ohio	52.0
	34	lowa	51.9
	35	New Mexico	51.4
	36	North Carolina	51.2
	37	Kansas	50.5
	38	Maine	50.0
	39	Oklahoma	49.6
	40	Tennessee	49.2
	41	Missouri	48.5
	42	Louisiana	48.2
	42	South Carolina	48.2
	44	West Virginia	47.9
	45	Indiana	46.8
	46	Georgia	46.7
	47	 Delaware	44.3
	48	Alabama	43.7
	49	Mississippi	42.2
	50	Arkansas	41.2
		United States	60.8
		District of Columbia	
		2. 23.0	

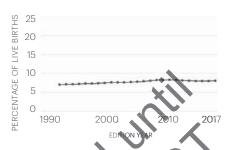
Low Birthweight

Low birthweight is associated with increased infant mortality. Potential medical problems in infants with low birthweight include respiratory distress syndrome, heart problems and intestinal disorders. There may be a connection between low birthweight and chronic adulthood diseases such as type 2 diabetes and coronary heart disease. Black women are almost twice as likely to have a low birthweight baby compared with white and Hispanic women. Other significant maternal risk factors include chronic health conditions, smoking, low education or income level and stress. The average hospital cost for a low birthweight infant is estimated to be \$76,700, compared with \$1,000 for a normal weight newborn.

Data source: Centers for Disease Control and Prevention, National Vital Statistics System, 2015

For details: http://www.AmericasHealthRankings.org/AR17/birthweight





Ranking

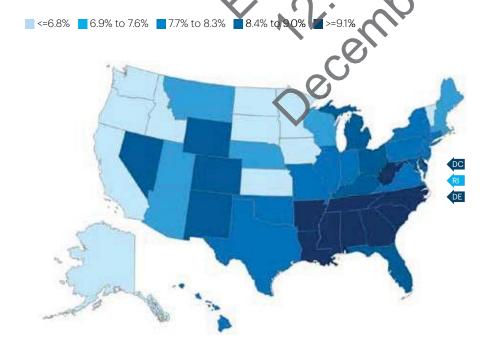
by Low Birthweight

Rank	State	Value (%)
1	Alaska	5.8
2	South Dakota	6.1
3	North Dakota	6.2
4	Minnesota	6.4
4	Oregon	6.4
4	Washington	6.4
7	Idaho	6.6
7	Vermont	6.6
9	lowa	6.7
10	California	6.8
10	Kansas	6.8
12	Maine	6.9
12	New Hampshire	6.9
14	Montana	7.0
14	Utah	7.0
6	Nebraska	7.1
1.	Arizona	7.2
18	Wisconsin	7.3
19	Massachusetts	7.4
20	Rhode Island	7.6
21	New York	7.8
22	Connecticut	7.9
22	Oklahoma	7.9
22	Virginia	7.9
25	Indiana	8.0
26	New Jersey	8.1
26	Pennsylvania	8.1
28	Texas	8.2
29	Hawaii	8.3
29	Illinois	8.3
29	Missouri	8.3
32	Michigan	8.5
32	Nevada	8.5
32	Ohio	8.5
35	Florida	8.6
35	Maryland	8.6
35	Wyoming	8.6
38	Kentucky	8.7
38	New Mexico	8.7
40	Colorado	9.0
41	North Carolina	9.1
41	Tennessee	9.1
43	Arkansas	9.2
44	Delaware	9.3
45	Georgia	9.5
45	South Carolina	9.5
45	West Virginia	9.5
48	Alabama	10.4
49	Louisiana	10.6
50	Mississippi	11.4
	United States	8.1

District of Columbia 10.0

Low Birthweight by State

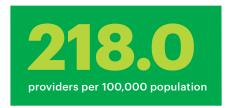
Percentage of infants weighing less than 2,500 gr



Mental Health Providers

Access to mental health care is as important as access to care for physical ailments. More than 43 million adults had a mental illness in 2015 and nearly 10 million had a serious mental illness. Mental health providers provide assessment, diagnosis, treatment and medication and/or therapeutic interventions for mental and behavioral disorders. In 2016 44.7 percent of adults with a mental illness and 64.8 percent with a serious mental illness received treatment in the past year. Access to mental health providers is a large problem in rural areas where 20 percent of the population lives but only about 10 percent of psychologists and psychiatrists work.

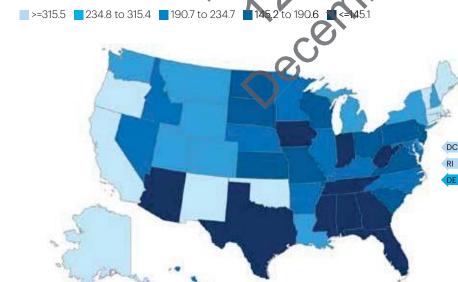
Data source: U.S. Department of Health & Human Series, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, 2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2016 For details: http://www.AmericasHealthRankings.org/AR17/ mentalhealthproviders





Mental Health Providers by State

Number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, providers that treat alcohol and other drug abuse and advanced practice nurses specializing in mental health care per 100,000 population •



Ranking

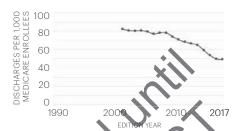
by Mental Health Providers

	Rank	State	Value
	1	Massachusetts	547.3
	2	Oregon	453.7
	3	Maine	442.1
	4	Vermont	407.3
	5	Oklahoma	382.7
	6	Rhode Island	375.0
	7	New Mexico	369.4
	8	Alaska	364.2
	9	Connecticut	354.8
	10	California	315.5
	11	Colorado	313.5
	12	Wyoming	310.2
	13	Washington	308.5
	14	Utah	293.4
	15	New Hampshire	273.8
	16	Montana	265.2
	17	New York	259.2
•	18	Louisiana	257.1
	19	Delaware	235.7
	20	Michigan	234.8
	21	Nebraska	233.0
	22	Hawaii	229.5
	23	Maryland	219.3
	24	North Carolina	219.1
	25	Minnesota	216.8
	26	Arkansas	213.3
	27	Kentucky	194.6
	28	Illinois	193.8
	29	Idaho	193.6
	30	Nevada	190.7
	31	New Jersey	188.9
	32	Ohio	182.5
	33	Pennsylvania	182.0
	34	Kansas	181.4
	35	Wisconsin	178.5
	36	Missouri	171.5
	37	North Dakota	165.4
	38	South Dakota	162.2
	39	South Carolina	157.7
	40	Virginia	145.2
	41	Florida	144.8
	42	Indiana	144.2
	43	Tennessee	138.2
	44		134.7
		lowa	
	45	Mississippi	132.6
	46	Georgia	122.5
	47	Arizona	121.9
	48	West Virginia	112.7
	49	Texas	98.3
	50	Alabama	85.0
		United States	218.0
		District of Columbia	470.5

Preventable Hospitalizations

Preventable hospitalizations reflect the efficiency of a population's use of primary care and the quality of the primary health care received. Accessible and effective primary care can reduce hospitalizations for many preventable infectious diseases, asthma attacks, diabetes and hypertension. Routine care in outpatient settings for non-emergent acute or chronic conditions can prevent complications and more severe disease, as well as the need for hospitalization. Preventable hospitalizations are more common among the uninsured and often occur because of failure to treat conditions early in an outpatient setting. Preventable hospitalizations impose a nonessential financial burden on health care systems estimated at \$30.8 billion per year.

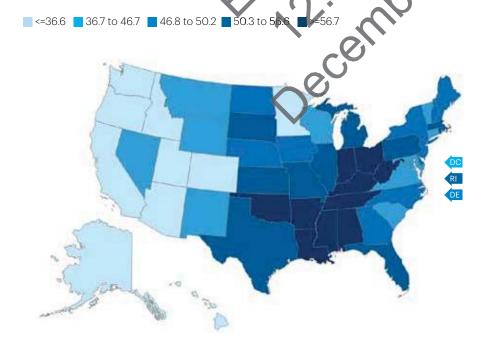




Data source: The Dartmouth Atlas of Health Care, 2015 For details: http://www.AmericasHealthRankings.org/AR17/preventable

Preventable Hospitalizations by State

Number of discharges for ambulatory care-sensitive conditions per 1,000 Medic 65 and older



Ranking

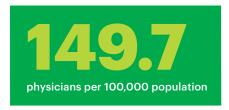
by Preventable Hospitalizations

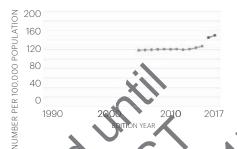
Rank	State	Value
1	Hawaii	23.3
2	Utah	27.9
3	Colorado	31.2
4	Idaho	32.3
5	Washington	32.7
6	Oregon	33.9
7	Alaska	36.0
8	Arizona	36.1
9	California	36.2
10	Minnesota	36.6
11	Vermont	39.4
12	New Mexico	39.5
13	Montana	41.1
14	Nevada	42.2
15	Virginia	42.8
16	Wyoming	43.1
1)	Wisconsin	45.0
18	South Carolina	45.6
19	Connecticut	46.2
20	Maryland	46.7
21	New York	46.8
22	New Hampshire	47.1
23	Delaware	47.2
24	Nebraska	48.3
25	lowa	48.9
26	North Carolina	49.0
27	North Dakota	49.1
28	Maine	49.4
29	New Jersey	49.6
30	Georgia	50.2
31	South Dakota	50.5
32	Kansas	51.3
33	Pennsylvania	51.7
34	Texas	53.2
35	Florida	53.6
36	Rhode Island	54.0
37	Massachusetts	54.3
38	Illinois	54.8
39	Michigan	55.4
40	Missouri	56.6
41	Indiana	56.8
42	Ohio	57.0
43	Tennessee	59.3
44	Oklahoma	59.9
45	Arkansas	61.8
46	Alabama	62.0
47	Louisiana	65.8
48	Mississippi	70.2
49	West Virginia	75.0
50	Kentucky	76.6
	United States	49.4
	District of Columbia	38.3

Primary Care Physicians

The Health Services and Resource Administration estimates that an additional 8,200 primary care physicians are needed to meet unmet needs. Primary care physicians are typically the first point of contact with the health care system for patients. They provide critical preventive care, ongoing care and referrals to specialists. Primary care availability has a documented influence on health; having a greater number of primary care physicians has been linked to better health outcomes including lower rates of low birthweight and all-cause mortality and longer life spans. Access to primary care is especially problematic in rural areas; 77 percent of rural counties are designated health professional shortage areas.

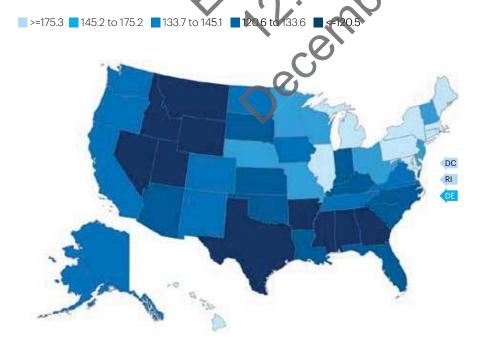
Data source: American Medical Association, Special data request for active state licensed physicians provided by Redi-Data, Inc., Sept 18, 2017; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2016





Primary Care Physicians by State

Number of active primary care physicians (including general practice, family, practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine) per 100,000



Ranking

by Primary Care Physicians

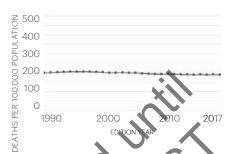
Rank	State	Value
1	Rhode Island	256.3
2	Massachusetts	237.1
3	New York	215.5
4	Connecticut	209.4
5	Pennsylvania	199.8
6	Michigan	193.0
7	Maine	187.4
8	Maryland	184.9
9	Hawaii	179.9
10	Illinois	175.3
11	Vermont	175.1
12	New Jersey	171.1
13	Ohio	167.3
14	Minnesota	162.3
15		
16	New Hampshire	160.6
	Missouri	160.4
17	West Virginia	159.6
18	Delaware	156.7
19	Nebraska	150.7
20	Wisconsin	145.2
21	Washington	144.0
22	Oregon	143.8
23	Iowa	142.3
24	Virginia	141.8
25	North Dakota	140.5
26	Colorado	139.9
27	Tennessee	138.5
28	New Mexico	136.6
29	California	135.1
30	Alaska	133.7
31	Kansas	133.3
32	Florida	131.6
33	Louisiana	131.1
34	North Carolina	130.9
35	Oklahoma	127.5
36	South Carolina	127.0
37	Arizona	126.0
38	South Dakota	125.8
39	Indiana	123.4
40	Kentucky	
		120.6
41	Georgia	119.9
42	Alabama	119.3
43	Arkansas	115.4
44	Montana	113.6
45	Texas	112.9
46	Nevada	107.9
47	Mississippi	105.9
48	Wyoming	105.7
49	Utah	99.8
50	Idaho	96.6
	United States	149.7
	District of Columbia	451.1

Cancer Deaths

Cancer is the second-leading cause of death. More than 1.6 million new cancer cases and 595,000 cancer deaths occur annually. Breast, prostate, lung, colorectal and pancreatic cancer accounted for 47 percent of all U.S. cancer deaths in 2015. Lung cancer accounted for 27 percent. Avoiding tobacco use is best way to reduce cancer deaths. Smoking is responsible for at least 30 percent of cancer deaths. Deaths from breast cancer, colorectal cancer, and cervical cancer may be avoided through screening programs that detect cancer in early stages while it is most susceptible to treatment. The total of all health care costs associated with cancer was \$87.8 billion in 2014.

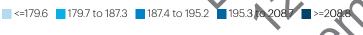
Data source: Centers for Disease Control and Prevention, *National Vital Statistics* System, 2013-2015
For details: http://www.AmericasHealthRankings.org/AR17/

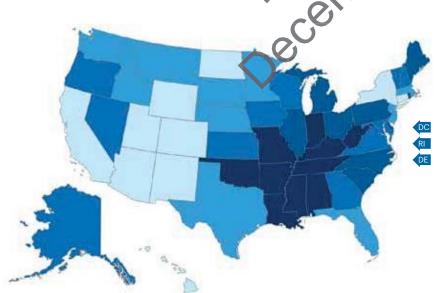
deaths per 100,000 population



Cancer Deaths by State

Age-adjusted number of deaths due to all caus



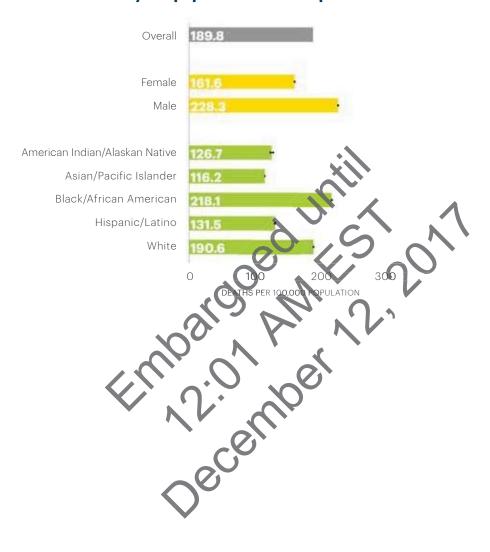


Ranking

by Cancer Deaths

Rank	State	Value
1	Utah	150.5
2	Colorado	160.9
3	Hawaii	161.0
4	New Mexico	169.0
5	California	169.3
6	Arizona	169.6
7	Wyoming	170.3
8	Connecticut	173.7
9	New York	178.2
10	North Dakota	179.6
11	Minnesota	180.9
11	Texas	180.9
13	Idaho	181.3
14	Florida	182.1
15	New Jersey	182.2
6	Washington	183.3
1)	Montana	183.5
18	Massachusetts	183.6
19	South Dakota	184.7
20	Nebraska	187.3
21	Maryland	187.8
22		188.1
23	New Hampshire	189.7
	Nevada	
24	Virginia	190.1
25	Oregon	190.6
26	Wisconsin	191.7
27	Vermont	192.5
28	Kansas	194.3
29	Alaska	194.9
30	Georgia .	195.2
30	lowa	195.2
32	North Carolina	196.9
33	Delaware	197.2
34	Rhode Island	197.5
35	Pennsylvania	199.6
36	Illinois	199.8
37	South Carolina	201.3
38	Michigan	201.5
39	Maine	205.7
40	Ohio	208.7
41	Missouri	209.0
42	Indiana	210.5
43	Alabama	210.6
44	Tennessee	216.5
45	Oklahoma	216.9
46	Louisiana	218.2
47	Arkansas	219.5
48	Mississippi	226.7
49	West Virginia	226.9
50	Kentucky	233.6
	United States	189.8
	District of Columbia	207.4

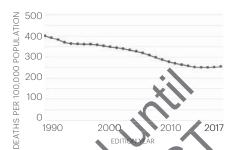
Cancer Deaths by Subpopulations with 95 percent confidence intervals



Cardiovascular Deaths

Cardiovascular deaths include deaths from heart disease, stroke, hypertension, heart attack and heart failure. Heart disease causes one in every four U.S. deaths and is the leading cause of death in both men and women. Stroke is the fifth-leading cause of death. Cardiovascular deaths vary by race and ethnicity. Non-Hispanic blacks have nearly twice the rate of avoidable deaths from heart disease, stroke and hypertensive disease as non-Hispanic whites. Cardiovascular disease is treatable and may be prevented by maintaining a healthy weight, eating healthy, participating in physical activity, limiting alcohol and avoiding tobacco. Cardiovascular disease is responsible for 17 percent of medical spending and 30 percent of Medicare spending.

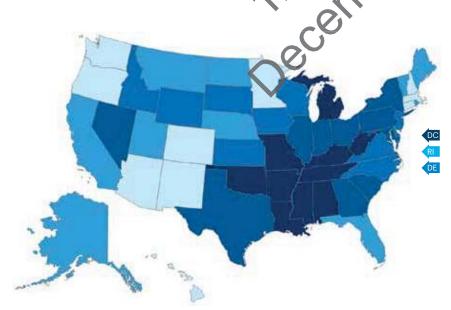
Data source: Centers for Disease Control and Prevention, National Vital Statistics System, 2013-2015 For details: http://www.AmericasHealthRankings.org/AR17/CVDDeaths deaths per 100,000 population



Cardiovascular Deaths by State

Age-adjusted number of deaths due to all cardiovascular diseases including stroke per 100,000 population

<=219.2 219.3 to 232.2 232.3 to 254.3

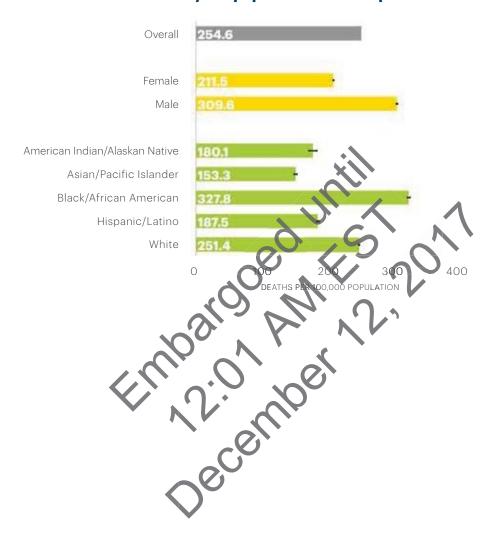


Ranking

by Cardiovascular Deaths

Rank	State	Value
1	Minnesota	189.7
2	Colorado	203.0
3	Massachusetts	208.3
4	Hawaii	210.7
5	Arizona	214.4
6	Washington	215.7
7	New Hampshire	217.0
8	Oregon	217.6
9	Connecticut	218.4
10	New Mexico	219.2
11	Alaska	222.2
12	Maine	227.4
13	North Dakota	228.7
14	Florida	229.0
15	California	230.4
6	Vermont	231.6
1.	Montana	231.8
17	Utah	231.8
19	Rhode Island	232.0
20		232.0
21	Nebraska	
	Wyoming	233.1
22	Idaho	233.4
23	South Dakota	233.9
24	Wisconsin	238.1
25	Virginia	239.1
26	lowa	245.1
27	New Jersey	245.4
28	Delaware	250.7
29	Kansas	253.5
30	North Carolina	254.3
31	Maryland	255.0
32	New York	257.6
33	Illinois	257.8
34	Texas	261.1
35	Pennsylvania	263.3
36	South Carolina	277.0
37	Indiana	277.5
38	Georgia	278.1
39	Ohio	283.6
40	Nevada	285.0
41	Missouri	288.6
42	Michigan	293.0
43	West Virginia	295.5
44	Kentucky	296.4
45	Tennessee	308.0
46	Louisiana	316.2
47	Arkansas	323.0
48	Oklahoma	335.2
49	Alabama	339.6
50	Mississippi	352.5
	United States	254.6
	District of Columbia	296.9
		5.0

Cardiovascular Deaths by Subpopulations with 95 percent confidence intervals

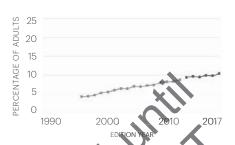


Diabetes

Diabetes, the nation's seventh-leading cause of death, is a chronic condition that contributes to other leading causes of death, including heart disease and stroke. Diabetes is a leading cause of kidney failure, nontraumatic lower-limb amputations and blindness in adults. Type 2 diabetes accounts for 90 to 95 percent of all cases. Onset of type 2 diabetes can be prevented through improving diet, increasing physical activity and losing weight. Medical expenses for individuals with diabetes are 2.3 times higher than those without diabetes. Costs of diagnosed, undiagnosed and prediabetes exceeded \$322 billion in 2012.

Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/Diabetes

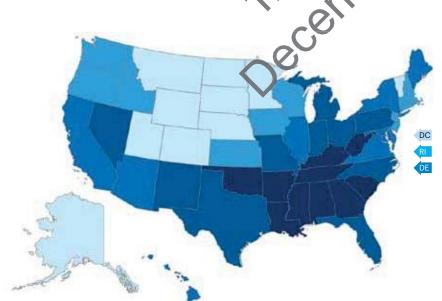




Diabetes by State

Percentage of adults who reported being told by (excludes prediabetes and gestational diabetes)

<=8.8% 8.9% to 9.8% 9.9% to 10.8%

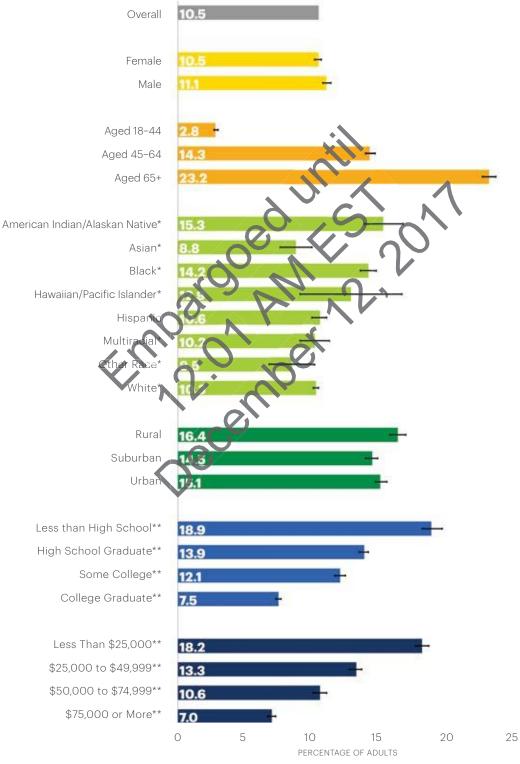


Ranking

by Diabetes

Rank	State	Value (%)
1	Colorado	6.6
2	Utah	7.2
3	Alaska	7.5
4	South Dakota	7.9
5	Montana	8.1
6	Wyoming	8.3
7	Minnesota	8.4
7	Vermont	8.4
9	North Dakota	8.6
10	Nebraska	8.8
11	Idaho	8.9
12	New Hampshire	9.0
13	New Jersey	9.2
14	lowa	9.3
14	Massachusetts	9.3
6	Kansas	9.4
11	Washington	9.4
18	Oregon	9.5
19	Connecticut	9.8
19	Rhode Island	9.8
19	Wisconsin	9.8
22	California	10.2
23	Illinois	10.2
23	Virginia	10.4
25	Hawaii	10.4
25	New York	10.5
27	Delaware	10.6
27	Maine	10.6
29	Arizona	10.8
29	Maryland	10.8
31	Nevada	11.1
31	Ohio	11.1
33	Michigan	11.2
33	Texas	11.2
35	North Carolina	11.3
35	Pennsylvania	11.3
37	Indiana	11.5
37	Missouri	11.5
39	New Mexico	11.6
40	Florida	11.8
41	Oklahoma	12.0
42	Georgia	12.1
42	Louisiana	12.1
44	Tennessee	12.7
45	South Carolina	13.0
46	Kentucky	13.1
47	 Arkansas	13.5
48	Mississippi	13.6
49	Alabama	14.6
50	West Virginia	15.0
	United States	10.5
	District of Columb	

Diabetes by Subpopulations with 95 percent confidence intervals



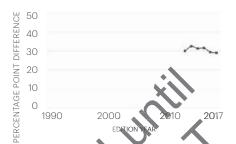
^{*} Non-Hispanic ** Adults aged 25 and older

Disparity in Health Status

Education improves health, and this disparity measure showcases the importance of keeping students in school through high school and beyond. More education is linked to a longer life regardless of age, gender or race. It may improve health directly (healthier lifestyles, better stress-coping, more effective chronic disease management) and indirectly (better work and economic conditions and social-psychological resources). Each increase in education level generally improves health status. Reducing health disparities between U.S. adults with less education and those with college education would result in savings of more than \$1 trillion annually, according to the National Bureau of Economic Research.

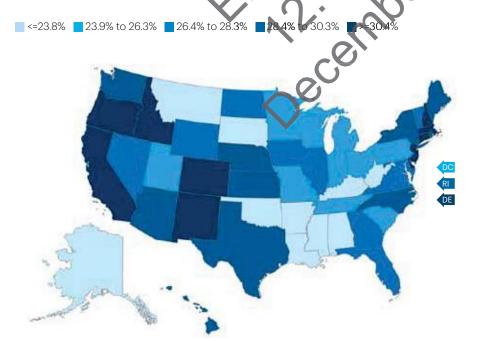
Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/ healthstatus_disparity





Disparity in Health Status by State

Difference between the percentage of adults with a high school education compared without who reported their health is very good or excellent (adults aged <25

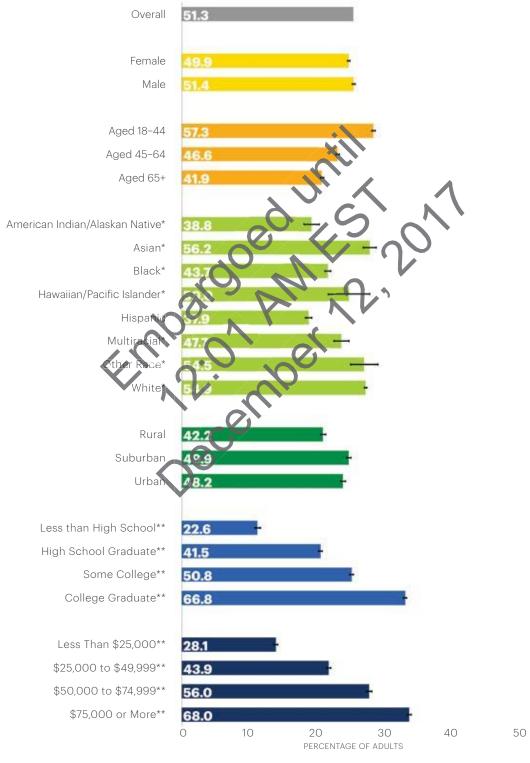


Ranking

by Disparity in Health Status

	Rank	State \	/alue (%)
	1	Alaska	8.1
	2	Arkansas	18.5
	3	Oklahoma	18.9
	4	Kentucky	19.7
	5	Mississippi	19.9
	6	Louisiana	20.2
	7	Montana	21.3
	8	Alabama	22.0
	9	West Virginia	22.7
	10	South Dakota	23.8
	11	Pennsylvania	24.3
	12	Utah	24.5
	13	Tennessee	24.6
	14	South Carolina	24.8
	15	Wisconsin	25.3
4	6	Indiana	25.5
_	10	Missouri	25.5
	18	Michigan	25.6
	19	Ohio	26.2
	20	Minnesota	26.3
	21	Wyoming	26.4
	22	Nevada	26.6
	23	Florida	26.9
	24	Georgia	27.0
	24	North Dakota	27.0
	26	lowa	27.3
	27	Virginia Virginia	27.4
	28	Illinois	27.4
	28	Vermont	27.6
	30	Maryland	28.3
	31	Hawaii	28.4
	32	Arizona	28.5
	32	Maine	28.5
	34	Kansas	28.7
	35	Washington	29.0
	36	Nebraska	29.0
	37	Rhode Island	29.4
	38	Texas	29.8
	39	New York	30.0
	40	North Carolina	30.3
	41	Massachusetts	30.4
	42	Oregon	30.7
	43	Connecticut	31.4
	44	Idaho	32.4
	45	New Hampshire	32.9
	45	New Jersey	33.0
		New Mexico	33.0
	46		
	48 49	Colorado	33.8
		Delaware	34.7
	50	California	37.6
		United States	29.1
		District of Columb	ia 24.8

High Health Status by Subpopulations with 95 percent confidence intervals



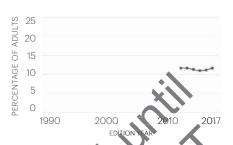
^{*} Non-Hispanic ** Adults aged 25 and older

Frequent Mental Distress

Frequent mental distress is a measure of perceived poor mental health and represents the percentage of the population experiencing persistent and likely severe mental health issues. The number of poor mental health days a person experiences is a significant predictor of future health events resulting in a provider visit, hospitalization or mortality within 30 days and within one year among older adults. Although occasional short periods of mental distress may be unavoidable, more prolonged and serious episodes are treatable and preventable through early intervention. Estimates put the economic burden of serious mental illness at \$317 billion, excluding incarceration, homelessness, comorbid conditions and early mortality.

Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/mental_





Ranking

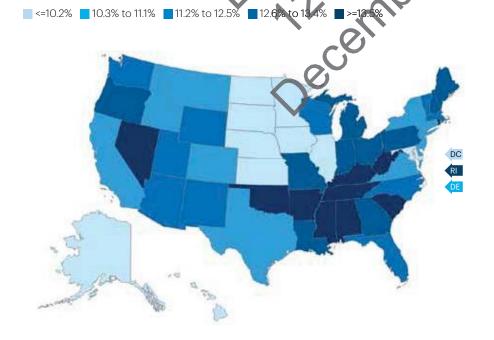
by Frequent Mental Distress

Rank	State	Value (%)
1	South Dakota	8.3
2	North Dakota	9.0
3	Hawaii	9.2
4	Minnesota	9.3
5	Nebraska	9.5
6	Kansas	9.8
7	Illinois	10.0
7	Iowa	10.0
9	Maryland	10.1
10	Alaska	10.2
11	Montana	10.4
12	California	10.6
12	Colorado	10.6
12	New York	10.6
12	Texas	10.6
16	Connecticut	10.7
11	Idaho	10.7
16	New Jersey	10.7
19	Virginia	10.9
20	Delaware	11.1
21	Florida	11.4
21	Washington	11.4
23	Utah	11.5
24	Wisconsin	11.6
25	Arizona	
26	Massachusetts	11.7 11.9
26	Vermont	11.9
28		10.0
28	North Carolina	12.1
30	Wyoming New Maxico	12.1 12.5
31	New Mexico	12.5
31	Georgia	12.6
33	Pennsylvania	
33	Maine	12.7
35	New Hampshire Ohio	12.7
		12.9
36	Oregon	13.0
37	Louisiana	13.1
38	Indiana	13.2
38	Missouri	13.2
40	Michigan	13.4
41	Rhode Island	13.5
42	South Carolina	13.7
42	Tennessee	13.7
44	Mississippi	14.1
45	Nevada	14.2
46	Oklahoma	14.3
47	Alabama	14.4
48	Kentucky	14.7
49	Arkansas	16.4
50	West Virginia	16.5
	United States	11.7

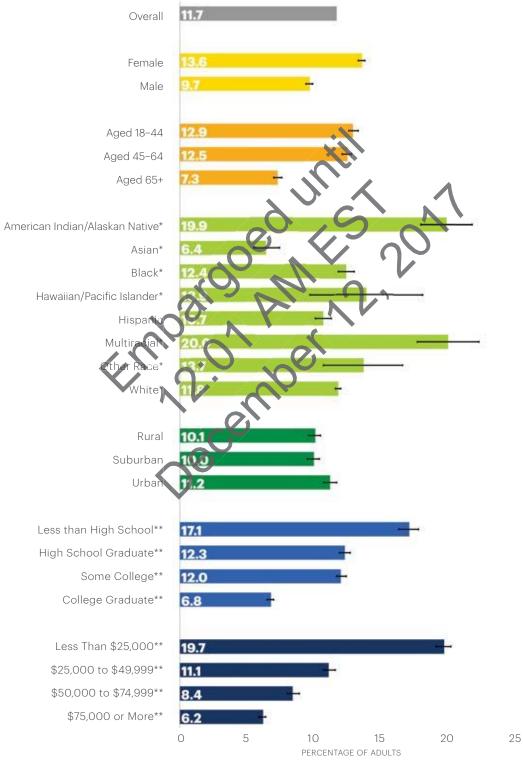
District of Columbia 9.1

Frequent Mental Distress by State

Percentage of adults who reported their mental health was not good 14 or more days



Frequent Mental Distress by Subpopulations with 95 percent confidence intervals



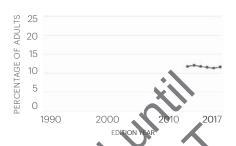
^{*} Non-Hispanic ** Adults aged 25 and older

Frequent Physical Distress

Frequent physical distress is a measure of perceived poor physical health and represents the percentage of the population experiencing persistent and likely severe physical health problems. Frequent physical distress is more common among adults with a greater number of chronic illnesses and among those with cardiovascular disease, including heart attack, angina and stroke. Research shows that the number of poor physical health days is a significant predictor of future adverse health events resulting in a provider visit, hospitalization or mortality within 30 days and within one year among older adults.

Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2016
For details: http://www.AmericasHealthRankings.org/AR17/Physical_





Ranking

by Frequent Physical Distress

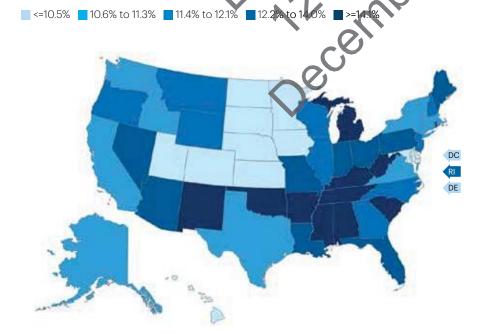
Rank	State	Value (%)
1	North Dakota	8.9
2	Minnesota	9.3
3	Maryland	9.5
3	Utah	9.5
5	lowa	9.6
6	Kansas	9.8
6	Nebraska	9.8
8	Hawaii	9.9
9	South Dakota	10.0
_	Colorado	
10	00.0.00	10.5
10	Delaware	10.5
12	Connecticut	10.8
12	Massachusetts	10.8
14	Idaho	11.0
14	Texas	11.0
4	Virginia	11.0
1.	California	11.1
18	Alaska	11.2
19	New York	11.3
19	Vermont	11.3
19	Washington	11.3
22	Illinois	11.4
23	Wisconsin	11.5
24	Oregon	11.7
24	Wyoming	11.7
26	New Hampshire	11.9
27	Georgia	12.0
27	New Jersey	12.0
27	North Carolina	12.0
30	Montana	12.1
31	Rhode Island	12.4
32	 Indiana	12.6
32	Pennsylvania	12.6
34	Florida	12.9
34	Ohio	12.9
36	Louisiana	13.0
37	Arizona	13.2
38	Missouri	13.5
39	Maine	13.6
40	Nevada	14.0
41	Michigan	14.1
42	South Carolina	14.2
43	New Mexico	14.4
44	Oklahoma	14.4
45	Mississippi	14.7
45	Alabama	14.6
46		
47	Tennessee	15.0
_	Kentucky	16.5
49	Arkansas	17.7
50	West Virginia	18.2
	United States	11.7

District of Columbia

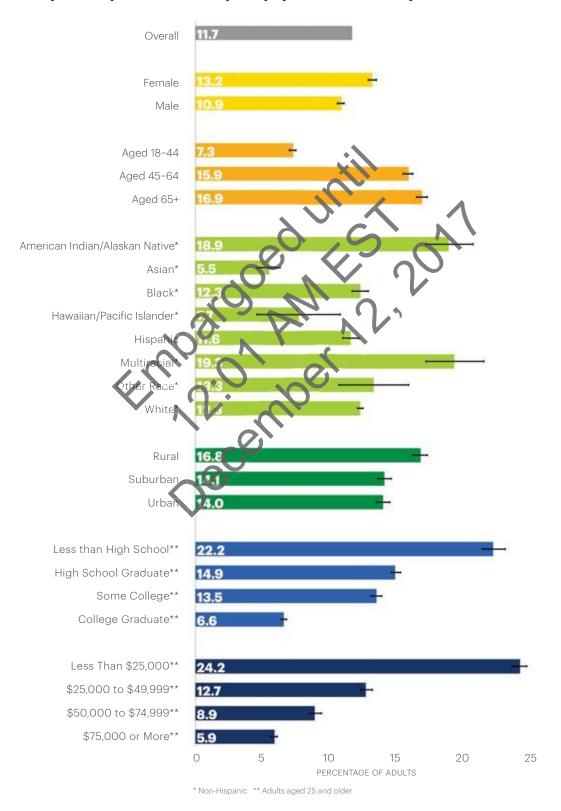
8.2

Frequent Physical Distress by State

Percentage of adults who reported their physical health was not good 14 or more the past 30 days



Frequent Physical Distress by Subpopulations with 95 percent confidence intervals

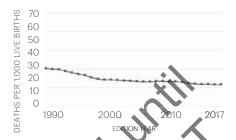


Infant Mortality

More than 23.000 U.S. infants died in 2015. Significant progress has been made in the past 50 years to reduce infant mortality, but the U.S. rate remains consistently higher than other developed countries. Significant sociodemographic disparities persist in infant mortality, predominantly regarding race—babies born to black women have the highest rate of infant mortality at 11 deaths per 1,000 births, more than two times higher than the rate for babies born to white women. The leading causes of infant mortality in 2014 were congenital malformation, low birthweight and preterm birth and maternal complications—accounting for 45 percent of infant deaths.

Data source: Centers for Disease Control and Prevention, *National Vital Statistics* System, 2014-2015
For details: http://www.AmericasHealthRankings.org/AR17/IMR





Ranking

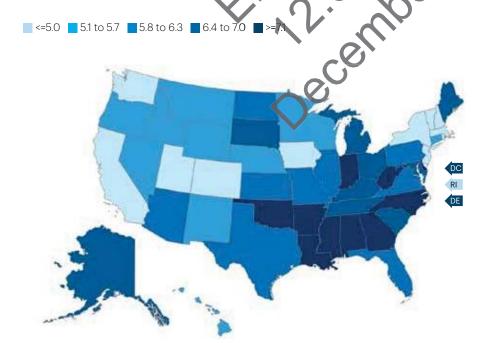
by Infant Mortality

o ,	arre moreancy	
Rank	State	Value
1	New Hampshire	4.2
2	California	4.4
2	Massachusetts	4.4
4	lowa	4.5
5	New Jersey	4.6
5	New York	4.6
5	Vermont	4.6
8	Colorado	4.7
8	Washington	4.7
10	Rhode Island	5.0
10	Utah	5.0
12	Idaho	5.1
12	Minnesota	5.1
12	Oregon	5.1
15	Connecticut	5.2
15	Hawaii	5.2
1.	New Mexico	5.2
18	Nevada	5.3
19	Nebraska	5.4
20	Montana	5.7
20	Wisconsin	5.7
20	Wyoming	5.7
23	Arizona	5.8
23	Texas	5.8
23	Virginia	5.8
26	Pennsylvania	6.0
27	Kansas	6.1
27	North Dakota	6.1
29	Florida	6.2
30	Illinois	6.3
30	Missouri	6.3
32	Michigan	6.5
33	Maine	6.6
33	Maryland	6.6
33	South Dakota	6.6
36	Alaska	6.7
36	South Carolina	6.7
38	Kentucky	6.9
38	Tennessee	6.9
40	Ohio	7.0
41	West Virginia	7.1
42	Indiana	7.2
42	North Carolina	7.2
44	Arkansas	7.5
45	Georgia	7.6
45	Louisiana	7.6
47	Oklahoma	7.7
48	Delaware	7.9
49	Alabama	8.5
50	Mississippi	8.8
	United States	5.9

District of Columbia 7.9

Infant Mortality by State

Number of infant deaths (before age 1 year)

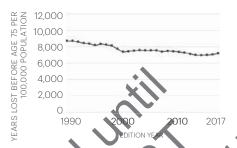


Premature Death

Premature death captures the years of potential life lost before age 75. Deaths occurring in youth cause the measure's value to increase more than a death in someone nearly age 75. Deaths among youth are more likely to be preventable than deaths in older adults and often indicate health care system failures and/or lifestyle factors. Cancer, unintentional injuries, heart disease, suicide and perinatal deaths are the top five causes of premature death in the United States. Nearly half of U.S. premature deaths are due to behavioral factors such as tobacco use, lack of physical activity and poor diet.

Data source: Centers for Disease Control and Prevention, National Vital Statistics System, 2015 For details: http://www.AmericasHealthRankings.org/AR17/YPLL

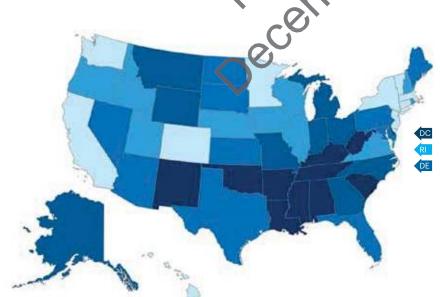
years lost per 100,000 population



Premature Death by State

Number of years of potential life lost before





Ranking

by Premature Death

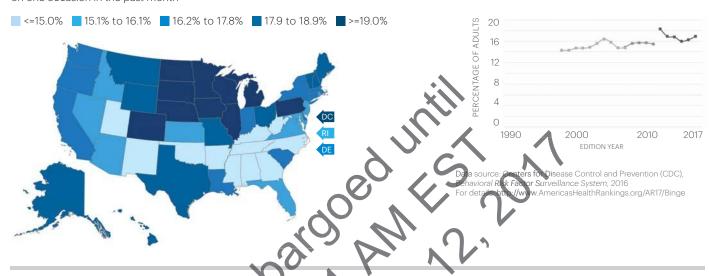
	Rank	State	Value
	1	Minnesota	5,555
	2	California	5,647
	3	New York	5,701
	4	Connecticut	5,771
İ	5	New Jersey	5,875
ĺ	6	Massachusetts	5,970
ĺ	7	Hawaii	6,031
	8	Washington	6,096
	9	Colorado	6,113
	10	Vermont	6,326
	11	lowa	6,333
	12	Utah	6,399
	13	Wisconsin	6,437
	14	Oregon	6,507
	15	Rhode Island	6,516
	16	New Hampshire	6,572
	17	Nebraska	6,592
•	18	Idaho	6,599
	19	Virginia	6,696
	20	Illinois	6,825
	21	Maryland	7,113
	22	Maine	7,113
	23	Texas	7,144
	24		
	25	North Dakota	7,225
		Arizona	7,246
	26	Kansas	7,380
	27	Florida	7,412
	28	Pennsylvania	7,541
	29	South Dakota	7,627
	30	Nevada	7,729
	31	Michigan	7,853
	32	Delaware	7,871
	33	North Carolina	7,889
	34	Wyoming	8,130
	35	Georgia	8,185
	36	Montana	8,229
	37	Alaska	8,342
	38	Indiana	8,471
	39	Ohio	8,492
	40	Missouri	8,558
Į	41	New Mexico	8,913
	42	South Carolina	9,131
	43	Tennessee	9,467
	44	Oklahoma	9,951
	45	Arkansas	9,972
	46	Louisiana	10,003
	47	Kentucky	10,042
	48	Alabama	10,321
j	49	West Virginia	10,478
j	50	Mississippi	10,950
j		United States	7,214
ĺ		District of Columbia	8,739

Binge Drinking

Binge drinking is the most common, costly and deadly form of excessive alcohol use in the U.S. It is associated with unintentional injuries and deaths, violence, risky sexual behavior and many chronic diseases. One in six adults binge drinks four times a month on average. Binge drinking is most prevalent among men and adults **Behaviors**

aged 18 to 34. Most binge drinkers are not considered alcoholdependent. In 2010 excessive drinking cost the United States \$249 billion due to missed work, additional health care expenses and increased crime. Binge drinking was responsible for 77 percent of these costs.

Percentage of adults who reported having four or more (women) or five or more (men) drinks on one occasion in the past month



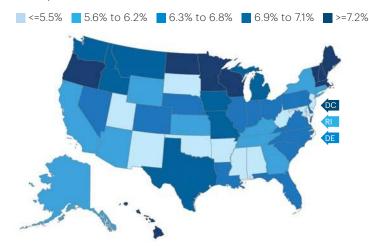
Chronic Drinking

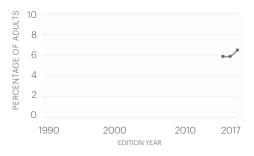
Chronic drinking is a symptom of an alcohol use disorder. Drinking every day for prolonged periods of time increases the risk of developing health problems such as liver disease, high blood pressure, heart disease, stroke, some cancers, social problems alcohol dependence. On average, life is cut short by about

Behaviors

o excessive alcohol use. The U.S. Preventive Services Task orce recommends clinicians screen adults aged 18 and older for alcohol misuse. A variety of evidence-based strategies have been shown to be effective in preventing excessive drinking and reducing alcohol-related health and social costs.

Percentage of adults who reported having eight or more (women) or 15 or more (men) drinks per week





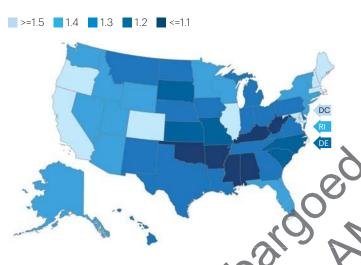
Data source: CDC, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/chronic_drinking

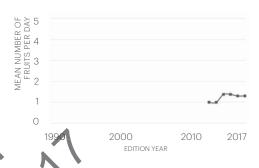
Fruits

Roughly half of U.S. adults suffer from one or more preventable chronic disease related to poor diet and physical inactivity. Diets high in fruit and vegetables reduce the risk of developing chronic diseases and assist with weight management. The first National Health and Nutrition Examination Survey Epidemiologic Follow-up Study showed a 27 percent reduction in cardiovascular disease

mortality and a 15 percent decrease in all-cause mortality in those consuming fruits and vegetables three or more times daily compared with those eating them less than once daily. Unfortunately, U.S. adults only consume an average of 1.3 fruits each day, and less than 18 percent consume the recommended daily amount of fruit.

Mean number of fruits consumed per day by adults





Data sruro, CDC, Behavioral Risk Factor Surveillance System, 2015 Measure is collected on an every-other-year basis; the data appearing in this edi, op are the same that appeared in the 2016 edition. Fer de ails, http://www.AmericasHealthRankings.org/AR17/Fruit

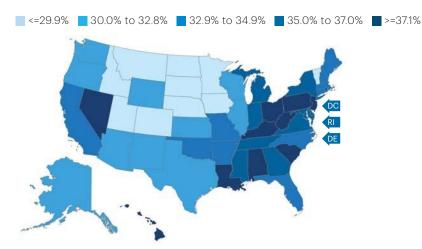
Insufficient Sleep

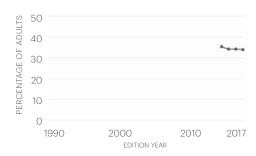
Insufficient sleep has become an important public health concern. An estimated 50 to 70 million U.S. adults suffer from chronic sleep and wakefulness disorders. Adults averaging fewer than seven hours of sleep per night are more likely to have obesity, diabetes cancer, hypertension and depression. An estimated \$15.9 billion of health care costs are attributable to sleep disorders, sleep

Behaviors

deprivation and sleepiness, not including the costs of accidents, lost productivity and sleep-related health problems. The American Academy of Sleep Medicine recommends adults sleep seven or more hours per night and school-aged children sleep nine to 12 hours per day.

Percentage of adults who reported sleeping less than seven hours in a 24-hour period on average





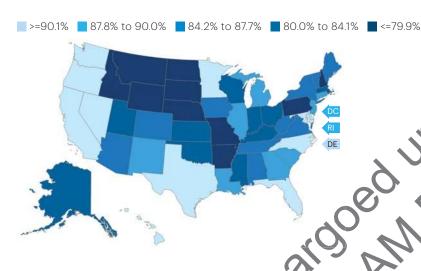
Data source: CDC, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/sleep

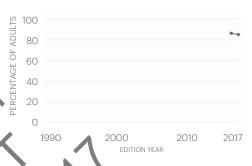
Seat Belt Use

Motor vehicle accidents are the leading cause of injury deaths in the U.S. among individuals aged 5 to 24. More than 22,400 drivers and passengers died in 2015 as a result of motor vehicle crashes. Wearing a seat belt is the most effective way to prevent these deaths and injuries, reducing serious injuries and deaths by **Behaviors**

approximately 50 percent. States with primary seat belt laws tend to have higher seat belt use compared with states that have only secondary or no seat belt laws. Non-fatal injuries to drivers and passengers result in more than \$45 billion in lifetime medical costs and lost work productivity.

Percentage of adults who reported always using a seat belt when driving or riding in a car





nericasHealthRankings.org/AR17/seat

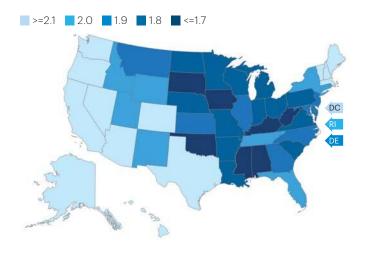
Vegetables

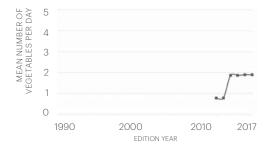
Studies show the quantity, not variety, of truit and vegetable intake is associated with lower cardiovascular disease risk. Higher fruit and vegetable intake is also associated with a lower risk of heart attack, ischemic heart disease and ischemic stroke. Unfortunat U.S. adults only consume an average of 1.9 vegetables per

Behaviors

han 14 percent consume the daily recommended amount of regetables. States with a higher density of healthy food retailers, farmers markets and farmers markets that accept nutritionassistance program benefits show a higher consumption of fruits and vegetables than other states.

Mean number of vegetables consumed per day by ad





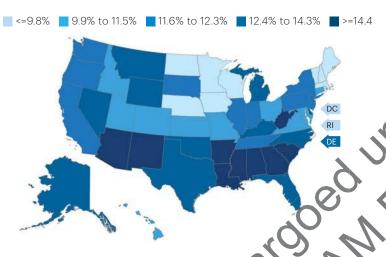
Data source: CDC, Behavioral Risk Factor Surveillance System, 2015 Measure is collected on an every-other-year basis; the data appearing in this edition are the same that appeared in the 2016 edition. For details: http://www.AmericasHealthRankings.org/AR17/Veggie

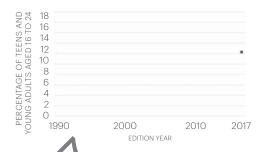
Disconnected Youth

Community & Environment

Youth disconnection is one measure of how successfully young people transition into adulthood. Teens and young adults who are neither working nor in school are at a higher risk of smoking, alcohol consumption and violent behavior, and may have fewer emotional, cognitive and academic skills than their peers. Both a lack of educational attainment and unemployment are linked to depression, anxiety and poor physical health. It is estimated that the lost revenue and social service investments for disconnected youth cost approximately \$93 billion a year.

Percentage of teens and young adults aged 16 to 24 who are neither working nor in school





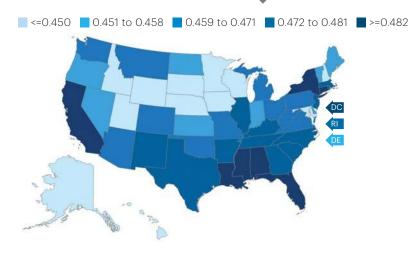
Income Inequity

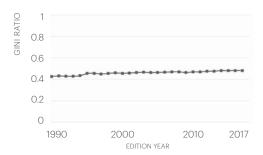
There has been a steady widening in the gap of income distribution in the United States. As of 2015, the top 10 percent of earners were receiving half of all U.S. income. Countries with greater incomdisparity have higher rates of obesity, imprisonment, violer

Community & Environment

chronic stress, as well as lower levels of social cohesion and trust. Most developed European nations and Canada have Gini indices between 0.22 and 0.38, while the United States Gini index has stayed between approximately 0.45 and 0.48 since the mid-1990s.

Inequality on the Gini scale is measured between zero where everyone earns the same income, and one, where all the country's income is earned by a single person





Data source: U.S. Census Bureau, American Community Survey, 2016 For details: http://www.AmericasHealthRankings.org/AR17/gini

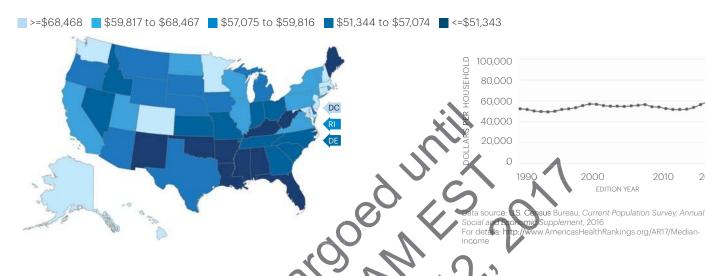
Median Household Income

Community & Environment

Median household income combines incomes of all household members and indicates the relative wealth of a geographic area; the higher the median household income, the wealthier the area. Socioeconomic status has a strong inverse association with

mortality and morbidity. The 2016 U.S. median household income was \$57,617, up 2.4 percent from 2015. This was the fourth year in a row with a statistically significant increase.

Dollar amount that divides the household income distribution into two equal groups



Neighborhood Am

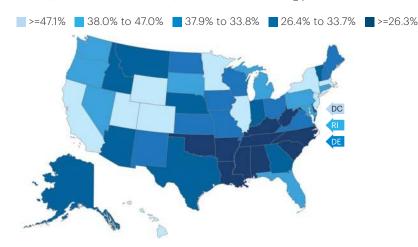
Community & Environment

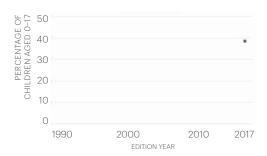
2017

Neighborhood amenities, such as playgrounds, sidewall s, walking paths, libraries and community centers, offer opportunities for recreation, social interaction and education without traveling far from home. Access to playgrounds, sidewalks and walking path promote physical activity in adults and children. Children w

up in neighborhoods with few neighborhood amenities are more likely to be obese than those with more neighborhood amenities, regardless of socioeconomic characteristics. Urban neighborhoods are more likely to have more amenities than rural neighborhoods.

Percentage of children aged 0 to 17 with access to park or playgrounds, recreation or community centers, libraries or book mobiles, and sidewalks or walking paths





Data source: Data Resource Center for Child and Adolescent Health (DRC), National Survey of Children's Health, 2016 For details: http://www.AmericasHealthRankings.org/AR17/neighbor-

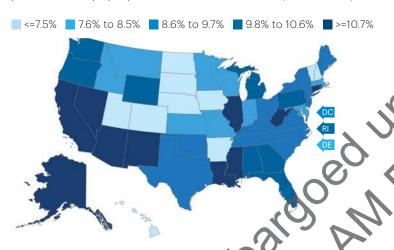
Underemployment Rate

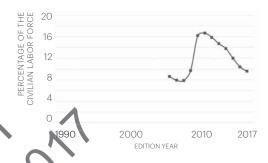
Community & Environment

Underemployment leads to lower earnings and is associated with a lack of health insurance, potentially leading to heightened stress and depression—all of which contribute to poor health. Individuals who are underemployed are more likely to report lower levels of general well-being, and those who are underemployed based solely on income report more depression and alcohol abuse. Racial and

ethnic minorities have significantly higher underemployment rates than white Americans. Underemployment is also inversely associated with educational attainment—rates among those with less than a high school degree are nearly four times higher than among those with a bachelor's degree or higher.

Percentage of the civilian labor force that is unemployed, plus all marginally attached workers, plus the total employed part-time for economic reasons (U-6 definition)





ata source U.S. Bureau of Labor Statistics, 2016 or Letals: http://www.AmericasHealthRankings.org/AR17/Underemployed

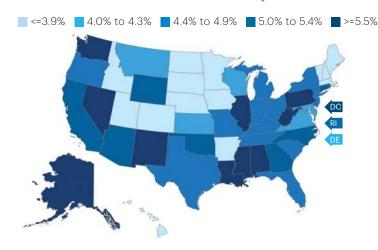
Unemployment Rate

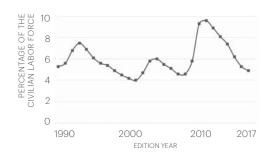
Unemployed adults are more burdened by medical care costs, more likely to experience delays in treatment and report more chronic disease and poorer physical and mental health compared with those who are employed. Unemployment is also associated with an increase in unhealthy behaviors such as poor dist, lack of

Community & Environment

exercise, tobacco use and excessive alcohol consumption. High unemployment rates increase the economic burden on states due to decreased revenue from income taxes and increased demand for unemployment insurance and social welfare programs.

Percentage of the civilian labor force that is unemployed (U-3 definition)





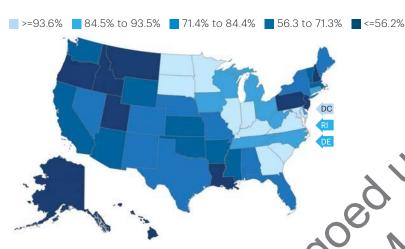
Data source: U.S. Bureau of Labor Statistics, 2016 For details: http://www.AmericasHealthRankings.org/AR17/Unemployed

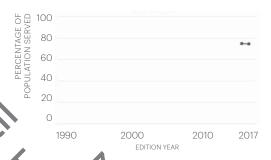
Water Fluoridation

Community water fluoridation is an effective way of preventing dental caries—an infectious disease in which bacteria dissolve the enamel of a tooth. Dental caries can lead to pain, bacterial infections and tooth extraction. Community water fluoridation is a safe and cost**Policy**

effective intervention to widely deliver fluoride to all members of a community, regardless of age, education and income. It was named one of 10 great public health achievements of the 20th century by the Centers for Disease Control and Prevention.

Percentage of population served by community water systems who receive fluoridated water





oridation Reporting System, 2014 ple at the time of this release; the data

nericasHealthRankings.org/AR17/water_flu-

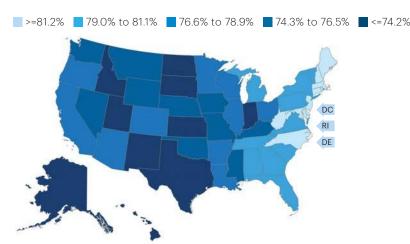
Cholesterol Check

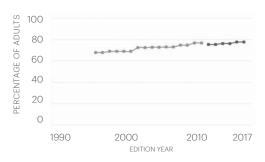
bad", cholesterol is a Elevated low-density lipoprotein (LDL), or major and modifiable risk factor for heart disease, the leading cause of U.S. deaths. Nearly one-third of U.S. adults have high LDI cholesterol, which increases risk of stroke, cardiovascular disease and premature death. Only one-third of adults with high LDL choles have the condition under control, and fewer than half are

Clinical Care

reatment to lower their levels. Because high cholesterol has no symptoms, a blood test is needed to measure total cholesterol, LDL cholesterol, high-density lipoprotein (HDL), or "good", cholesterol and triglycerides. Screening every five years is recommended for adults aged 20 and older who have not been diagnosed with heart disease.

Percentage of adults who reported having their blood cholesterol checked within the past five years





Data source: CDC, Behavioral Risk Factor Surveillance System, 2015 Measure is collected on an every-other-year basis; the data appearing in this edition are the same that appeared in the 2016 edition. For details: http://www.AmericasHealthRankings.org/AR17/cholesteroltest

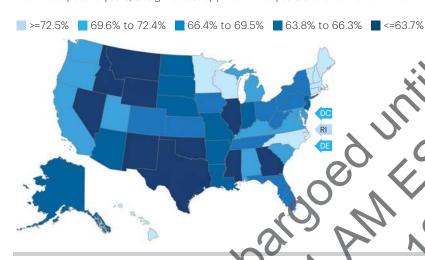
Colorectal Cancer Screening

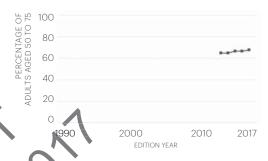
Clinical Care

Colorectal cancer is the second-leading cause of cancer death and the third most common cancer among men and women in the United States. Screening for colorectal cancer, which may include fecal sample testing, colonoscopy, and/or sigmoidoscopy, is recommended for all adults aged 50 to 75, according to the U.S. Preventive Services

Task Force. Earlier screening is recommended for those with particular risk factors or a family history of colorectal cancer. Black adults are at higher risk for colorectal cancer but are less likely to be screened. Screening can save lives—an estimated 20 to 24 colorectal cancer deaths can be prevented for every 1,000 adults screened.

Percentage of adults aged 50 to 75 who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval (fecal occult blood test (FOBT) within the past year, colonoscopy within the past 10 years, or sigmoidoscopy within five years and a home FOBT within the past three years)





Ata so, cer DDC, Behavioral Risk Factor Surveillance System, 2016 or c-stails: http://www.AmericasHealthRankings.org/AR17/cancer_streining

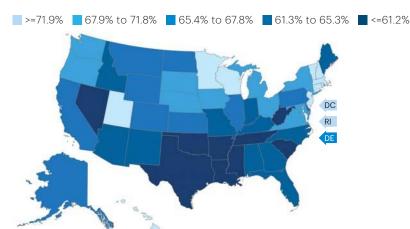
Dental Visit, Annual

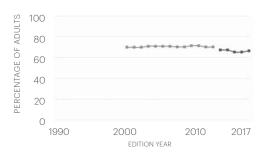
Oral health problems are largely preventable through routine visits to the dentist and good oral hygiene. An estimated 42 percent of adults with unmet dental needs could not afford treatment or did not have dental insurance, making cost the biggest obstacle to receiving care. Other obstacles include fear, low oral health literacy and limited access to and availability of dental services. Use

Clinical Care

of preventive dental services is lower in Hispanics, non-Hispanic blacks, low-income families and families with low educational attainment. These groups also have more untreated tooth decay than the general population. The Institute of Medicine recommends increasing dental workforce diversity to improve patient access, satisfaction and communication.

Percentage of adults who reported visiting the dentist or dental clinic within the past year for any reason





Data source: CDC, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/dental

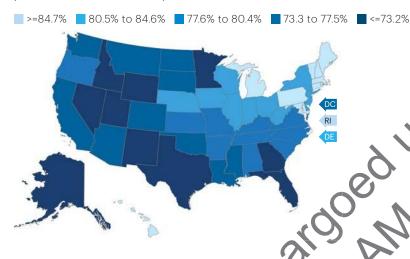
Dedicated Health Care Provider

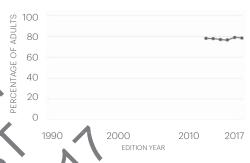
Clinical Care

Individuals with a dedicated health care provider are better positioned to receive care that can prevent, detect and manage disease or other health conditions. Having a primary care provider is associated with greater patient-provider communication and trust, lower healthcare costs, improvements in preventive care

and overall health status, as well as improvements in chronic care management for asthma, hypertension and diabetes. Individuals without a dedicated health care provider are more likely to visit the emergency department for non-urgent or avoidable problems.

Percentage of adults who reported having one or more people they think of as their personal doctor or health care provider





ral Risk Factor Surveillance System, 2016

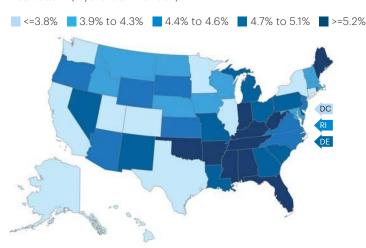
Heart Attack

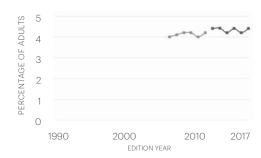
An estimated 580,000 first heart attacks and 210,000 recurrent heart attacks occur yearly in U.S. adults aged 35 and older. The average age at first heart attack is 65 years for men and 71.8 years for wome Roughly 15 percent of those who have a heart attack die as a re Adjusting for age, patient and hospital characteristics, black

Outcomes

white men and women have similar in-hospital mortality rates. Black women have the highest in-hospital mortality rate and the lowest rate of in-hospital interventions for heart attack treatment. The estimated direct and indirect costs of heart attacks were \$11.5 billion in 2010.

Percentage of adults who reported being told by a health professional that they had a heart attack (myocardial infarction)





Data source: CDC, Behavioral Risk Factor Surveillance System, 2016. For details: http://www.AmericasHealthRankings.org/AR17/MI

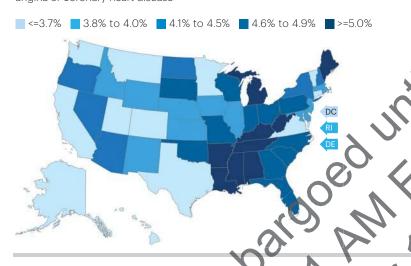
Heart Disease

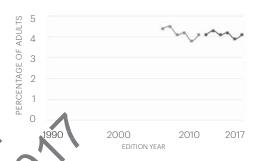
Outcomes

Heart disease has long been the leading cause of U.S. deaths for men and women, killing more than 600,000 people in 2015. Coronary heart disease (CHD) is the most common type of heart disease with more than 370,000 deaths annually. CHD deaths have decreased an estimated 44 percent from 1980 to 2000, largely due to lowering total cholesterol, systolic blood pressure and smoking

prevalence, as well as increasing physical activity. Yet, almost half of U.S. adults have at least one key risk factor for heart disease. For men with two or more risk factors, the lifetime risk of coronary heart disease is 37.5 percent; for women, it is 18.3 percent. Heart disease costs the nation \$200 billion annually in health care services, medications and lost productivity.

Percentage of adults who reported being told by a health professional that they have angina or coronary heart disease





ott so rce: 1 DC, Behavioral Risk Factor Surveillance System, 2016 or details: http://www.AmericasHealthRankings.org/AR17/CHD

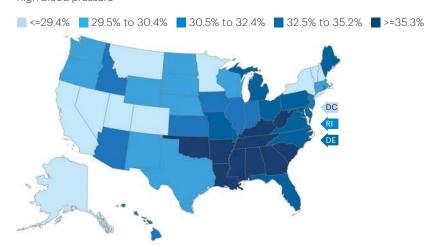
High Blood Pressure

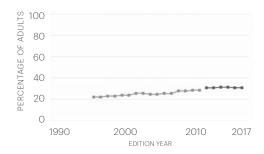
High blood pressure, or hypertension is a modifiable risk factor for heart disease and stroke, two of the top five leading causes of U.S. deaths. High blood pressure often has no symptoms and is estimated to afflict one in three—or 75 million— Americans. Only about 54 percent of individuals with high blood pressure have it controlled, and

Outcomes

many do not know they have it. High blood pressure costs—medical, medication and lost productivity—are an estimated \$46 billion annually. Black men and women are more likely to develop high blood pressure, and at a younger age, than whites and Hispanics. Reducing sodium intake could prevent 11 million hypertension cases annually.

Percentage of adults who reported being told by a fiealth professional that they have high blood pressure





Data source: CDC, Behavioral Risk Factor Surveillance System, 2015. Measure is collected on an every-other-year basis; the data appearing in this edition are the same that appeared in the 2016 edition. For details: http://www.AmericasHealthRankings.org/AR17/Hypertension

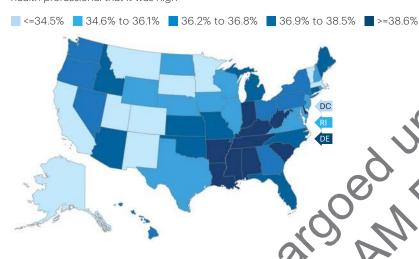
High Cholesterol

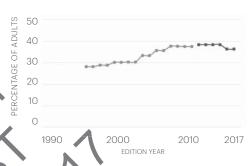
Total blood cholesterol higher than 240 mg/dL is unhealthy, especially when maintained for long periods of time. Of an estimated 73.5 million U.S. adults who have high cholesterol, only 48.1 percent of them receive treatment, and less than a third manage their condition. High cholesterol doubles the risk of heart attack and is a risk factor

Outcomes

for cardiovascular diseases, including stroke. High cholesterol can be managed through medication and/or lifestyle modifications such as diet and physical activity. The 2015 Dietary Guidelines for Americans identify eating a diet low in saturated fats to be one of the most effective lifestyle changes to decrease high cholesterol.

Percentage of adults who reported having their cholesterol checked and were told by a health professional that it was high





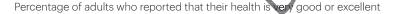
very-other-year basis; the data appearing ame that appeared in the 2016 edition AmericasHealthRankings.org/AR17/High_Chol

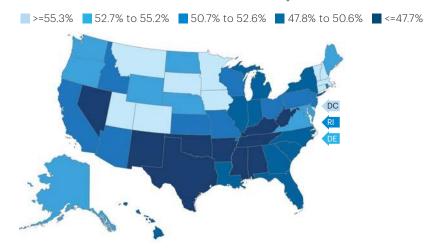
High Health Status

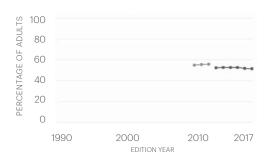
Research shows that adults with a higher self-reported health status have lower rates of all-cause mortality, compared with those with lower self-reported health status. White adults without disabilities ar the subpopulation with the highest proportion reporting "very or "excellent" health. A higher percentage of women than m

Outcomes

"poor" health. Adults aged 18 to 44 have a higher self-reported health status than adults aged 65 years and older. Adults with high annual household incomes, who are employed and who are married tend to have a higher self-reported health status than those near or in poverty, unemployed, and single, widowed or divorced







Data source: CDC, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/Health_Status

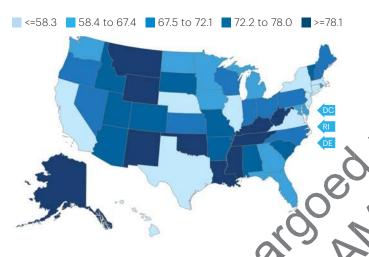
Injury Deaths

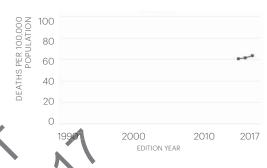
Outcomes

Injuries are a leading cause of illness and death in the United States. Accidental poisonings, motor vehicle accidents and falls are the top three causes of unintentional injury deaths—the fourth leading cause of U.S. deaths. Pharmaceutical and illicit drugs cause the majority of poisonings, and 84 percent of drug poisoning deaths are unintentional. Unintentional injury fatalities contribute

heavily to potential years of life lost because they are the leading cause of death for people aged 1 to 44. Intentional injury fatalities mainly occur via suicide by firearm, suffocation and poisoning, and homicide by firearm. Unintentional and intentional injury fatalities cost nearly \$214 billion in 2013 due to loss of work and medical costs.

Number of deaths due to injury per 100,000 population





Data sture. CDC, National Vital Statistics System, 2013-2015 For details: http://www.AmericasHealthRankings.org/AR17/inju-

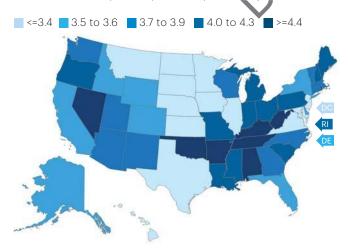
Poor Mental Health Days

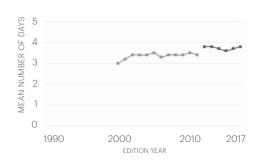
Outcomes

The number of poor mental health days a person experiences is a predictor of future health, forecasting one-month and 12-month office visits and hospitalizations. Poor mental health in extreme cases can lead to suicide, the 10th leading cause of death for all

ages and the second leading cause of death for adults aged 15 to 34 years. The medical costs of mental disorders in the United States are not far behind those of traumatic injury and cancer.

Mean number of days in the past 30 days adults reported their mental health was not good





Data source: CDC, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/Mental-Health

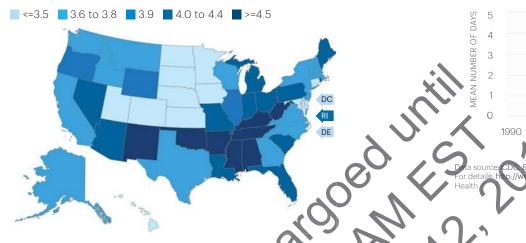
Poor Physical Health Days

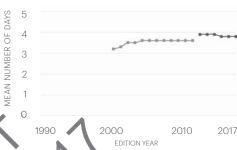
Outcomes

Poor physical health days are an indicator of the population's healthrelated quality of life. The number of poor physical health days a person experiences reveals information about illnesses within the population, regardless of disease or health condition. Poor physical health days also predict future health and future medical care, such as adverse health events resulting in a provider visit,

hospitalization, or mortality within 30 days or one year among older adults. Among adults with chronic conditions, poor physical health days are highest among those with cardiovascular diseases such as myocardial infarction, angina and stroke. The number of physically unhealthy days tends to increase with age.

Mean number of days in the past 30 days adults reported their physical health was not good





al Risk Factor Surveillance System, 2016

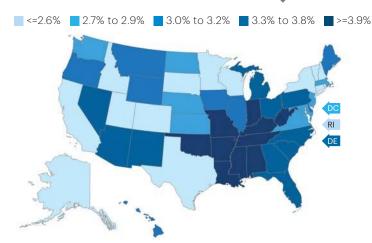
Stroke

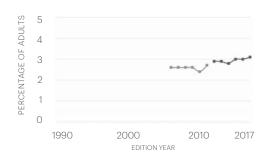
Each year roughly 795,000 people experience a new or recurrent stroke, which is the fifth-leading cause of U.S. deaths. About 80 percent of strokes are preventable, and timely treatment is key to lowering risk of death and disability. Black adults have twice the of a first stroke as white adults, and stroke deaths are highest

Outcomes

dults. Declines in stroke deaths have slowed in most states, with deaths increasing in southern states. Stroke prevalence is estimated to increase 22 percent by 2030, with the greatest increase in Hispanic men (29 percent). The total U.S. cost of stroke is roughly \$34 billion annually.

Percentage of adults who reported being told by a health professional that they had a stroke





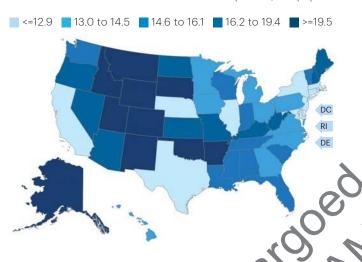
Data source: CDC, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/Stroke

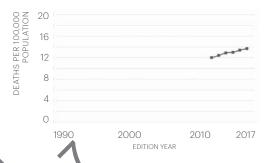
Suicide

Outcomes

More than 44,100 adults died by suicide in 2015, making it the 10th-leading cause of death. Firearms account for nearly half of these deaths. Each year at least 2.5 times more deaths occur from suicide than homicide. For each death, 25 suicide attempts are made. While middle-aged white men consistently have the highest rate of suicide, American Indians and Alaskan Natives (AIAN) have the second highest suicide rate in the U.S. Suicide rates among AIAN males aged 18-24 are higher than any other racial or ethnic subgroup of the same age. Suicide costs society nearly \$57 billion a year in medical and work loss costs.

Number of deaths due to intentional self-harm per 100,000 population





nal Vital Statistics System, 2015

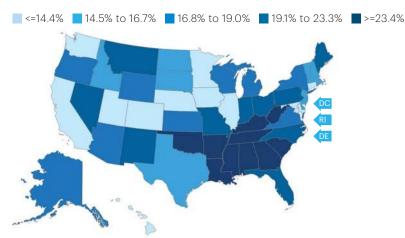
Six+ Teeth Extra

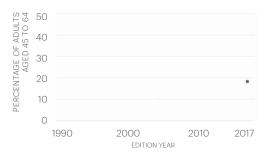
Oral health is essential to overall health. Six or more teeth extractions is an indicator of poor oral health and difficulty accessing a dentist. Nearly one in five U.S. adults aged 45 to reported having six or more teeth extracted in 2016. Adult 20 to 39 are twice as likely to have no loss of permane

Outcomes

compared with adults aged 40 to 64 years. Adults earning less than \$25,000 per year are much less likely to have dental insurance and are more likely to have teeth extracted. Increasing the number of dentists and increasing dental insurance coverage can reduce the prevalence of teeth extractions.

Percentage of adults aged 45 to 64 who reported baving six or more permanent teeth removed because of tooth decay or gum disease





Data source: CDC, Behavioral Risk Factor Surveillance System, 2016 For details: http://www.AmericasHealthRankings.org/AR17/sixteeth

State Summaries, 2011

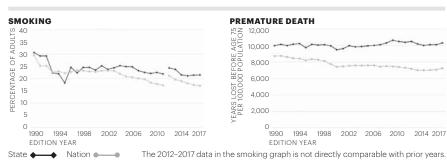
Linder Connection

Occupation

Alabama

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	14.3	22	5.7
Excessive Drinking (% of adults)	+++++	14.2	5	11.8
RATING High School Graduation (% of students)	+++++	89.3	3	90.8
Symbol Rank +++++ 1-10 Obesity (% of adults)	+	35.7	47	22.3
++++ 11-20 Physical Inactivity (% of adults)	+	29.4	44	15.7
++ 31-40 Smoking (% of adults)	+	21.5	42	8.8
+ 41-50 Behaviors Total*	++	-0.099	38	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.9	39	3.8
Children in Poverty (% of children)	+	24.3	47	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.363	40	-1.107
Chlamydia (cases per 100,000 population)	+	543.6	42	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	++++	3.3	14	0.4
Salmonella (cases per 100,000 population)	+	23.7	42	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.5	35	2.0
Violent Crime (offenses per 100,000 population)	+	532	44	124
Community & Environment Total*	+	-0.152	48	0.324
		002		0.023
Policy			KO	
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.333	36	1.717
HPV Females (% of females aged 13 to 17 years)	++	46.5	32	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+	24.7	46	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	72.4	40	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++4	91.7	11	96.7
Immunizations—Children (% of children aged 19 to 35 months)	11111	77.3	7	80.6
Public Health Funding (dollars per person)	+++++	\$113	10	\$506
Uninsured (% of population)	\mathcal{H}	9.6	8 3	27
Policy Total*	##+	0.026	23	0.185
		> '		
Val. 3. Jare		107	10	
Dentists (number per 100,000 population)	+	43.7	48	88.5
Low Birthweight (% of live births)	4	10.4	48	5.8
Mental Health Providers (number per 100,000 population)	٠	85.0	50	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare emollees)	+	62.0	46	23.3
Primary Care Physicians (number per 100,000 population)	+	119.3	42	451.1
Clinical Care Total*	+	-0.202	49	0.180
All Determinants*		-0.427	47	0.778
Cancer Deaths (deaths per 100,000 population)	+	210.6	43	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	339.6	49	
Diabetes (% of adults)	+	14.6	49	189.7 6.6
Disparity in Health Status (% difference by high school education)	+++++	22.0	8	8.1
Frequent Mental Distress (% of adults)	+	14.4	47	8.3
Frequent Mental Distress (% of adults) Frequent Physical Distress (% of adults)	+	14.4	46	8.2
Infant Mortality (deaths per 1,000 live births)	+	8.5	49	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	10,321	49	
All Outcomes*	+	-0.335	49	5,555 0.254
OVERALL*	+	-0.762	49	0.234
*Value indicates 7 coors Negative accurate as helevy UC value in site of the second se	To observe U.C	-0.702	47	0.310

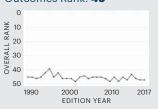
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: no change Determinants Rank: 47 Outcomes Rank: 49



Strengths:

 High immunization coverage among children

ow prevalence of excessive drinking Small disparity in health status by educational attainment

Challenges:

- · High prevalence of obesity
- · High percentage of children in poverty
- High cardiovascular death rate

Highlights:

- In the past three years, drug deaths increased 22% from 11.7 to 14.3 deaths per 100,000 population
- In the past 10 years, air pollution decreased 37% from 14.2 to 8.9 micrograms of fine particles per cubic meter
- In the past year, cardiovascular deaths increased 2% from 332.9 to 339.6 deaths per 100,000 population
- In the past year, immunizations among children increased 9% from 70.6% to 77.3% of children aged 19 to 35 months
- In the past five years, diabetes increased 24% from 11.8% to 14.6% of adults

Ranking:

Alabama is 47th this year; it was 47th in 2016. The state ranks 43rd for senior health and 44th for the health of women and children.

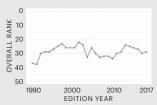
State Health Department Website:

www.adph.org

Alaska

OVERALL

Change: A 1 Determinants Rank: 34 Outcomes Rank: 13



Strengths:

- · Small disparity in health status by educational attainment
- · Low prevalence of low birthweight
- Low prevalence of diabetes

Challenges:

- · High violent crime rate
- · High percentage of uninsured population
- · High incidence of chlamydia

Highlights:

- · In the past five years, children in pover increased 24% from 14.8% to 18.3% of children
- · In the past year, drug deaths decreased 3% from 16.0 to 15.6 deaths per 100,000 population
- · In the past five years, infant mortality increased 26% from 5.3 to 6.7 deaths per 1,000 live births
- · In the past two years, violent crime increased 26% from 640 to 804 offenses per 100,000 population
- In the past 10 years, preventable hospitalizations decreased 38% from 58.2 to 36.0 discharges per 1,000 Medicare enrollees

Ranking:

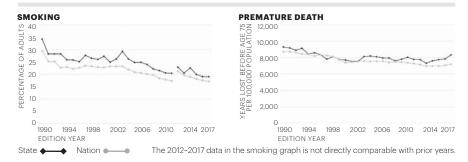
Alaska is 29th this year; it was 30th in 2016. The state ranks 29th for senior health and 28th for the health of women and children.

State Health Department Website:

dhss.alaska.gov/Pages/default.aspx

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	15.6	27	5.7
Excessive Drinking (% of adults)	+++	19.1	30	11.8
List Cabaal Craduation (0) of students	+	75.6	46	90.8
Symbol Rank Obsoity (0) of adulta)	+++	31.4	30	22.3
++++ 1-10 Obesity (% of adults) +++ 11-20 Physical Inactivity (% of adults)	+++++	19.1	7	15.7
+++ 21-30 Thysical inactivity (% of addits)				
++ 31-40 + 41-50 Smoking (% of adults)	++	19.0	35	8.8
Behaviors Total*	++	-0.106	40	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.7	36	3.8
Children in Poverty (% of children)	+++	18.3	29	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.747	46	-1.107
Chlamydia (cases per 100,000 population)	+	768.3	50	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	+	14.2	42	0.4
Salmonella (cases per 100,000 population)	+++++	10.6	5	9.3
			-	
Occupational Fatalities (deaths per 100,000 workers)	++	5.9	40	2.0
Violent Crime (offenses per 100,000 population)	+	804	50	124
Community & Environment Total*	+	-0.164	49	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.177	46	1.717
HPV Females (% of females aged 13 to 17 years)	+++	47.8	27	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++	39.1	23	68.7
Adolescents Meningococcal (% of adolescents aged 13 to 17 years)	+	67.0	46	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	79.4	48	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	68.8	34	80.6
Public Health Funding (dollars per person)	+++++	\$285	2	\$506
Uninsured (% of population)	+	14.5	49	2.7
Policy Total*	+	-0.079	45	0.185
		0.075	40	0.100
Clinical Care				
Dentists (number per 100,000 population)	+++++	74.1	6	88.5
Low Birthweight (% of live births)	+++++	5.8	1	5.8
Mental Health Providers (number per 100,000 population)	+++++	364.2	8	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	36.0	7	23.3
Primary Care Physicians (number per 100,000 population)	111			
Clinical Care Total*		133.7	30	451.1
Clinical Care Total	+++++	0.158	2	0.180
All Determinants*	++	-0.190	34	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	194.9	29	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	222.2	11	189.7
Diabetes (% of adults)	+++++	7.5	3	6.6
Disparity in Health Status (% difference by high school education)	+++++	8.1	1	8.1
Frequent Mental Distress (% of adults)	+++++	10.2	10	8.3
Frequent Physical Distress (% of adults)	++++	11.2	18	8.2
Infant Mortality (deaths per 1,000 live births)	++	6.7	36	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,342	37	5,555
All Outcomes*	++++	0.117	13	0.254
OVERALL*	+++	-0.073	29	0.234
OVERALL		-0.073	20	0.510

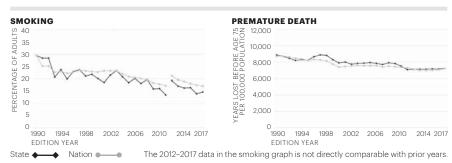
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Arizona

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	19.0	37	5.7
Excessive Drinking (% of adults)	++++	17.3	14	11.8
RATING High School Graduation (% of students)	+	77.4	44	90.8
Symbol Rank 1–10 Obesity (% of adults)	+++	29.0	21	22.3
++++ 11-20 Physical Inactivity (% of adults)	+++	23.1	23	15.7
++ 31-40 Smoking (% of adults)	++++	14.7	13	8.8
+ 41-50 Behaviors Total*	+++	0.013	25	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.7	46	3.8
Children in Poverty (% of children)	+	23.1	45	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++	0.103	30	-1.107
Chlamydia (cases per 100,000 population)	++	481.1	33	233.3
Infectious Disease — Pertussis (cases per 100,000 population)	++	8.5	36	0.4
Salmonella (cases per 100,000 population)	+++	17.0	29	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.9	10	2.0
Violent Crime (offenses per 100,000 population)	++	470	39	124
Community & Environment Total*	+	-0.111	45	0.324
Policy			TC.	
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.158	29	1.717
HPV Females (% of females aged 13 to 17 years)	++	46.6	81	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years) Adolescents— Maningarcoccol (% of adelegants aged 13 to 17 years)	++++	41.7	18	68.7
Meningococcai (% of adolescents aged 13 to 17 years)	+++	85.2	21	96.4
Tdap (% of adolescents aged 13 to 17 years)	++ (84.3	40	96.7
Immunizations—Children (% of children aged 19 to 35 months)	(+)	69.9	31	80.6
Public Health Funding (dollars per person)	1	\$50	47	\$506
Uninsured (% of population)	<i>7</i> 5	10.4	38	210
Policy Total*	24	-0.047	40	0.185
Ville 9 Sare		Y		
Dentists (number per 100 000 population)	+++	53.9	27	88.5
Low Birthweight (% of live births)	++++	7.2		5.8
Mental Health Providers (number per 100,000 population)	و	121.9	47	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	36.1	8	23.3
Primary Care Physicians (number per 100,000 population)	***	126.0	37	451.1
Clinical Care Total*	+++	-0.011	28	0.180
All Determinants*	(C)	-0.157	33	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	169.6	6	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	214.4	5	189.7
Diabetes (% of adults)	+++	10.8	29	6.6
Disparity in Health Status (% difference by high school education)	++	28.5	32	8.1
Frequent Mental Distress (% of adults)	+++	11.7	25	8.3
Frequent Physical Distress (% of adults)	++	13.2	37	8.2
Infant Mortality (deaths per 1,000 live births)	+++	5.8	23	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,246	25	5,555
All Outcomes*	+++	0.047	25	0.254
OVERALL*	++	-0.110	31	0.916
* Value in digetee = cooks Negative cooks are below LC value recitive cooks as	o obovo III	2 volue		

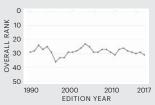
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: **▼2** Determinants Rank: 33 Outcomes Rank: 25



Strengths:

- · Low prevalence of smoking
- Low preventable hospitalization rate w cardiovascular death rate

Chailenges:

- High percentage of children in poverty
- High levels of air pollution
- Lower number of mental health providers

Highlights:

- In the past two years, children in poverty decreased 19% from 28.5% to 23.1% of children
- In the past five years, obesity increased 16% from 25.1% to 29.0% of adults
- In the past five years, smoking decreased 24% from 19.3% to 14.7% of adults
- In the past 10 years, drug deaths increased 40% from 13.6 to 19.0 deaths per 100,000 population
- In the past five years, preventable hospitalizations decreased 32% from 52.9 to 36.1 discharges per 1,000 Medicare enrollees

Ranking:

Arizona is 31st this year; it was 29th in 2016. The state ranks 23rd for senior health and 43rd for the health of women and children.

State Health Department Website:

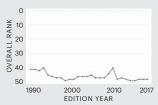
www.azdhs.gov

Arkansas

OVERALL



Change: no change Determinants Rank: 48 Outcomes Rank: 47



Strengths:

- · Small disparity in health status by educational attainment
- · Low prevalence of excessive drinking
- · Low incidence of pertussis

Challenges:

- · High prevalence of smoking
- · High prevalence of frequent mental distress
- · Lower number of dentists

Highlights:

- · In the past five years, obesity increase 16% from 30.9% to 35.7% of adults
- In the past 10 years, air pollution decreased 39% from 11.9 to 7.2 micrograms of fine particles per cubic meter
- In the past five years, diabetes increased 21% from 11.2% to 13.5% of adults
- · In the past five years, the percentage of uninsured decreased 52% from 18.0% to 8.7% of the population
- In the past seven years, premature death increased 29% from 9,786 to 9,972 years lost before age 75 per 100,000 population

Ranking:

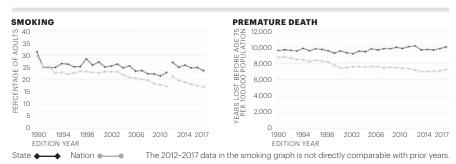
Arkansas is 48th this year; it was 48th in 2016. The state ranks 46th for senior health and 49th for the health of women and children.

State Health Department Website:

www.healthy.arkansas.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	12.3	14	5.7
Excessive Drinking (% of adults)	+++++	15.9	9	11.8
RATING High School Graduation (% of students)	+++	84.9	25	90.8
Symbol Rank 1-10 Obesity (% of adults)	+	35.7	47	22.3
++++ 11-20 Physical Inactivity (% of adults)	+	32.5	50	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+	23.6	48	8.8
Behaviors Total*	+	-0.204	45	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.2	16	3.8
Children in Poverty (% of children)	++	21.4	39	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+	0.413	41	-1.107
Chlamydia (cases per 100,000 population)	+	545.0	43	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	2.0	4	0.4
Salmonella (cases per 100,000 population)	+	26.0	44	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	7.5	44	2.0
Violent Crime (offenses per 100,000 population)	+	551	45	124
Community & Environment Total*	+	-0.103	42	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.135	19	1.717
HPV Females (% of females aged 13 to 17 years)	+	35.5	47	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	++	33.6	35	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	89.1	11	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	91.0	14	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	67.8	39	80.6
Public Health Funding (dollars per person)	++++	\$107	14	\$506
Uninsured (% of population)	+++	8.7	27	2.7
Policy Total*	+++	0.004	27	0.185
Clinical Care				
Dentists (number per 100,000 population)	+	41.2	50	88.5
Low Birthweight (% of live births)	+	9.2	43	5.8
Mental Health Providers (number per 100,000 population)	+++	213.3	26	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	61.8	45	23.3
Primary Care Physicians (number per 100,000 population)	+	115.4	43	451.1
Clinical Care Total*	+	-0.146	47	0.180
All Determinants*	+	-0.449	48	0.778
Outcome				
Cancer Deaths (deaths per 100 000 perulation)		210 E	17	15.0 E
Cancer Deaths (deaths per 100,000 population) Cardiovascular Deaths (deaths per 100,000 population)	+	219.5	47 47	150.5
Diabetes (% of adults)	+	323.0	47 47	189.7
Disparity in Health Status (% difference by high school education)	+++++	13.5 18.5	47 2	6.6 8.1
Frequent Mental Distress (% of adults)	+	16.4	49	8.3
Frequent Physical Distress (% of adults)	+	17.7	49	8.2
Infant Mortality (deaths per 1,000 live births)	+	7.5	44	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	9,972	45	5,555
All Outcomes*	+	-0.323	47	0.254
OVERALL*	+	-0.772	48	0.916

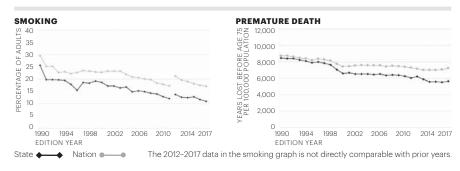
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



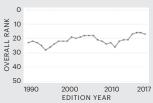
California

	Rating	2017 Value	2017 Rank	No. 1 State
Behavi	iors			
Drug Deaths (deaths per 100,000 popula		11.8	10	5.7
Excessive Drinking (% of a		17.8	21	11.8
RATING High School Graduation (% of stud	,	82.0	31	90.8
+++++ 1-10 UDesity (% of ac	,	25.0	4	22.3
++++ 11-20 +++ 21-30 Physical Inactivity (% of a	,	20.5	15	15.7
++ 31-40 + 41-50 Smoking (% of a	,	11.0	2	8.8
Behaviors To	tal* +++++	0.234	2	0.295
Community & Environm	ent			
Air Pollution (micrograms of fine particles per cubic m	neter) +	11.7	50	3.8
Children in Poverty (% of chil	dren) +++	18.6	30	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmon	nella)* +++	0.023	28	-1.107
Chlamydia (cases per 100,000 popula	ation) ++	487.5	34	233.3
Infectious Disease — Pertussis (cases per 100,000 popula	ation) ++	9.2	37	0.4
Salmonella (cases per 100,000 popula	ation) ++++	14.3	20	9.3
Occupational Fatalities (deaths per 100,000 wor	,	3.0	5	2.0
Violent Crime (offenses per 100,000 popula	,	445	36	124
Community & Environment To	tal* +	-0.107	43	0.324
Po	licy		I C	
Immunizations—Adolescents (mean z score of HPV, meningococcal and T		-0.325	35	1.717
HPV Females (% of females aged 13 to 17 y	17	58.3	9	73.0
Immunizations— HPV Males (% of males aged 13 to 17 y	,	40.3	22	68.7
Adolescents — Meningococcal (% of adolescents aged 13 to 17 y	*	79.7	27	96.4
Tdap (% of adolescents aged 13 to 17 y	,	82.1	46	96.7
Immunizations—Children (% of children aged 19 to 35 mo	nths)	65.3	46	80.6
Public Health Funding (dollars per pe	rson)	\$103	18	\$506
Uninsured (% of popular	ation) +++	8.0	2 3	27
Policy To	tal* ±++	-0.010	29	0.185
		V		V
Dentists (number per 100 000 popula	ation)	76.8	3	88.5
Low Birthweight (% of live b		6.8	10	5.8
Mental Health Providers (number per 100,000 popula		3 <u>15</u> .5	10	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enro		36.2	9	23.3
Primary Care Physicians (number per 100,000 popular		135:1	29	451.1
Clinical Care Te	tal* +++++	0.127	8	0.180
All Determina	nts* +++	0.245	18	0.778
Outco	pes			
Cancer Deaths (deaths per 100,000 popul	_	169.3	5	150.5
Cardiovascular Deaths (deaths per 100,000 popula		230.4	15	189.7
Diabetes (% of a		10.2	22	6.6
Disparity in Health Status (% difference by high school education	ation) +	37.6	50	8.1
Frequent Mental Distress (% of a	dults) ++++	10.6	12	8.3
Frequent Physical Distress (% of a	dults) ++++	11.1	17	8.2
Infant Mortality (deaths per 1,000 live b	irths) ++++	4.4	2	4.2
Premature Death (years lost before age 75 per 100,000 popula	ation) ++++	5,647	2	5,555
All Outcom		0.109	15	0.254
OVERA	LL* ++++	0.354	17	0.916
* Value indicates z score. Negative scores are below U.S. value: positive sc	ores are above U	S value		

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL Change: **▼1** Determinants Rank: 18 Outcomes Rank: 15



Strengths:

- Low prevalence of smoking
- Higher number of dentists ow infant mortality rate

Chailenges:

- High levels of air pollution
- Large disparity in health status by educational attainment
- · Low immunization coverage among children

Highlights:

- In the past five years, air pollution decreased 24% from 15.3 to 11.7 micrograms of fine particles per cubic meter, however, in the past year it increased 3%
- In the past two years, immunizations among children decreased 16% from 77.9% to 65.3% of children aged 19 to 35 months
- In the past five years, the percentage uninsured decreased 59% from 19.6% to 8.0% of the population
- In the past five years, chlamydia increased 21% from 403.8 to 487.5 cases per 100,000 population
- In the past five years, premature death decreased 9% from 6,190 to 5,647 years lost before age 75 per 100,000 population

Ranking:

California is 17th this year; it was 16th in 2016. The state ranks 16th for senior health and 10th for the health of women and

State Health Department Website:

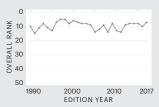
www.cdph.ca.gov

Colorado

OVERALL



Change: **A** 3 Determinants Rank: 9 Outcomes Rank: 3



Strengths:

- · Low prevalence of obesity
- · Low percentage of children in poverty
- · Low prevalence of diabetes

Challenges:

- · High prevalence of excessive drinking
- · Large disparity in health status by educational attainment
- · High incidence of pertussis

Highlights:

- · In the past year, obesity increased 10% from 20.2% to 22.3% of adults
- · In the past five years, the percentage uninsured decreased 45% from 14.3% to 7.8% of the population
- In the past three years, drug deaths increased 8% from 14.8 to 16.0 deaths per 100,000 population
- · In the past five years, infant mortality decreased 23% from 6.1 to 4.7 deaths per 1,000 live births
- · In the past two years, cardiovascular deaths increased 3% from 196.2 to 203.0 deaths per 100,000 population

Ranking:

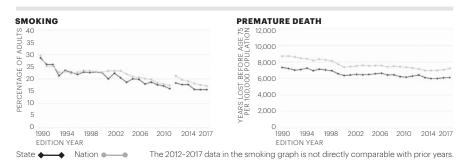
Colorado is seventh this year; it was 10th in 2016. The state ranks fourth for senior health and 14th for the health of women and children.

State Health Department Website:

www.cdphe.state.co.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	16.0	28	5.7
Excessive Drinking (% of adults)	+	20.6	42	11.8
RATING High School Graduation (% of students) Symbol Rank	+	77.3	45	90.8
+++++ 1-10 UDESITY (% OT AGUITS)	+++++	22.3	1	22.3
++++ 11-20	*****	15.8 15.6	2 17	15.7 8.8
+ 41-50 Behaviors Total*	+++++	0.109	9	0.295
Deliaviors Total		0.100	9	0.200
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	6.6	12	3.8
Children in Poverty (% of children)	+++++	8.4	2	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	++	0.147	31	-1.107
Chlamydia (cases per 100,000 population)	+++	445.4	25	233.3
Infectious Disease — Pertussis (cases per 100,000 population)	+	16.8	46	0.4
Salmonella (cases per 100,000 population)	+++++	11.3	7	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.0	16	2.0 124
Violent Crime (offenses per 100,000 population) Community Convironment Total*	+++++	343 0.175	23 5	0.324
Community & Environment Total	*****	0.173	5	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.032	23	1.717
HPV Females (% of females aged 13 to 17 years)	++++	52.1	19	73.0
Immunizations— Adolescents— HPV Males (% of males aged 13 to 17 years) Adolescents— Manier accepted (% of red leg scent), aged 13 to 17 years)	++++	44.0	13	68.7
Wething occoccai (% or addiescents aged 13 to 17 years)	++	77.5	31	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	87.5	27	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	76.4	10	80.6
Rublic Health Funding (dollars per person) Uninsured (% of population)	++++	\$97	19	\$506
Policy Total*	+++	7.8 0.051	22 20	2.7 0.185
A sproncy rotal		0.031	20	0.165
Clinical Care				
Dentists (number per 100,000 population)	+++++	69.7	10	88.5
Low Birthweight (% of live births)	++	9.0	40	5.8
Mental Health Providers (number per 100,000 population)	++++	313.5	11	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	31.2	3	23.3
Primary Care Physicians (number per 100,000 population)	+++	139.9	26	451.1
Clinical Care Total*	++++	0.071	13	0.180
All Determinants*	+++++	0.406	9	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	160.9	2	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	203.0	2	189.7
Diabetes (% of adults)	+++++	6.6	1	6.6
Disparity in Health Status (% difference by high school education)	+	33.8	48	8.1
Frequent Mental Distress (% of adults)	++++	10.6	12	8.3
Frequent Physical Distress (% of adults)	+++++	10.5	10	8.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.7	8	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,113	9	5,555
All Outcomes*	+++++	0.218	3	0.254
OVERALL*	+++++	0.624	7	0.916

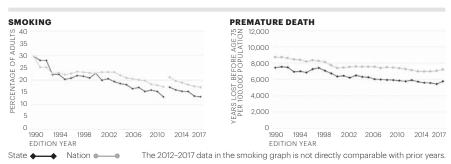
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Connecticut

	Rating	2017 Value	2017 Rank	No.1 State
Behaviors	;			
Drug Deaths (deaths per 100,000 population	++	18.4	36	5.7
Excessive Drinking (% of adults	+++	18.4	23	11.8
RATING High School Graduation (% of students	++++	87.2	14	90.8
Symbol Rank +++++ 1-10 Obesity (% of adults	+++++	26.0	9	22.3
++++ 11-20 Physical Inactivity (% of adults	++++	21.3	18	15.7
++ 31-40 Smoking (% of adults		13.3	4	8.8
Behaviors Total	+++++	0.182	4	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter	++	8.6	35	3.8
Children in Poverty (% of children	+++	16.3	21	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)	+++++	-0.853	3	-1.107
Chlamydia (cases per 100,000 population	+++++	364.9	10	233.3
Infectious Disease — Pertussis (cases per 100,000 population	+++++	2.1	6	0.4
Salmonella (cases per 100,000 population	+++++	12.1	10	9.3
Occupational Fatalities (deaths per 100,000 workers	+++++	3.5	8	2.0
Violent Crime (offenses per 100,000 population	+++++	227	5	124
Community & Environment Total	++++	0.128	15	0.324
Policy	,			
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)		1.055	3	1.717
HPV Females (% of females aged 13 to 17 years	++++	56.9		73.0
Immunizations— HPV Males (% of males aged 13 to 17 years	++++	41.5	19	687
Adolescents — Meningococcal (% of adolescents aged 13 to 17 years	++++	93.9	3	96.4
Tdap (% of adolescents aged 13 to 17 years	++++	93.9	4	96.7
Immunizations—Children (% of children aged 19 to 35 months	1111	75.7	12	80.6
Public Health Funding (dollars per person		\$82	27	\$506
Uninsured (% of population	++++	5.5	7	27
Policy Total	*****	0.106	6	0.185
				V
Dentists (number per 100,000 population	A-1++	76.1	. 5	88.5
Low Birthweight (% of live births		7.9	20	5.8
Mental Health Providers (number per 100,000 population		354.8	19	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees		46.2	19	23.3
Primary Care Physicians (number per 100,000 population		2094	4	451.1
Clinical Care Total	+++++	0.147	4	0.180
		0.504	4	0.770
All Determinants	- 100	0.564	4	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population		173.7	8	150.5
Cardiovascular Deaths (deaths per 100,000 population		218.4	9	189.7
Diabetes (% of adults		9.8	19	6.6
Disparity in Health Status (% difference by high school education		31.4	43	8.1
Frequent Mental Distress (% of adults		10.7	16	8.3
Frequent Physical Distress (% of adults		10.8	12	8.2
Infant Mortality (deaths per 1,000 live births		5.2	15	4.2
Premature Death (years lost before age 75 per 100,000 population		5,771	4	5,555
All Outcomes OVERALL		0.135 0.699	10 5	0.254
OVERALL	+++++	0.099	Э	0.916

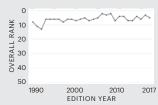
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: **▼2** Determinants Rank: 4 Outcomes Rank: 10



Strengths:

- Low prevalence of smoking
- Low violent crime rate
- ow percentage of uninsured population

Chailenges:

- Large disparity in health status by educational attainment
- · High drug death rate
- High levels of air pollution

Highlights:

- In the past year, primary care physicians increased 6% from 197.8 to 209.4 per 100,000 population
- In the past two years, children in poverty increased 33% from 12.3% to 16.3% of children
- In the past five years, cancer deaths decreased 3% from 179.0 to 173.7 deaths per 100,000 population
- In the past three years, drug deaths increased 67% from 11.0 to 18.4 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 44% from 9.9% to 5.5% of the population

Ranking:

Connecticut is fifth this year; it was third in 2016. The state ranks seventh for senior health and fourth for the health of women and children.

State Health Department Website:

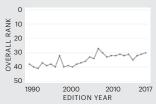
www.ct.gov/dph/site/default.asp

Delaware

OVERALL



Change: A 1 Determinants Rank: 28 Outcomes Rank: 34



Strengths:

- Low percentage of uninsured population
- · Low prevalence of frequent physical distress
- · High HPV immunization coverage among adolescent females

Challenges:

- · High infant mortality rate
- · Lower number of dentists
- · Large disparity in health status by educational attainment

Highlights:

- · In the past year, low birthweight increased 12% from 8.3% to 9.3% of live births
- In the past five years, the percentage uninsured decreased 46% from 10.7% to 5.8% of the population
- In the past 10 years, drug deaths increased 147% from 8.1 to 20.0 deaths per 100,000 population
- · In the past five years, cancer deaths decreased 3% from 202.8 to 197.2 deaths per 100,000 population
- · In the past two years, violent crime increased 4% from 491 to 509 offenses per 100,000 population

Ranking:

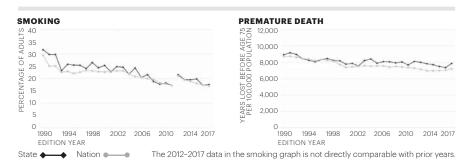
Delaware is 30th this year; it was 31st in 2016. The state ranks 17th for senior health and 22nd for the health of women and children.

State Health Department Website:

www.dhss.delaware.gov/dhss

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	20.0	40	5.7
Excessive Drinking (% of adults)	+++	18.4	23	11.8
RATING High School Graduation (% of students)	+++	85.6	22	90.8
Symbol Rank +++++ 1-10 Obesity (% of adults)	+++	30.7	27	22.3
++++ 11-20 Physical Inactivity (% of adults)	++	26.6	37	15.7
+++ 21-30 ++ 31-40 Smoking (% of adults)	+++	17.7	27	8.8
+ 41-50 Behaviors Total*	+++	-0.030	30	0.295
		0.000	00	0.200
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.1	43	3.8
Children in Poverty (% of children)	+++	16.9	24	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	++++	-0.213	18	-1.107
Chlamydia (cases per 100,000 population)	++	492.2	36	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	+++++	2.1	6	0.4
Salmonella (cases per 100,000 population)	+++	16.8	27	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.4	24	2.0
Violent Crime (offenses per 100,000 population)	+	509	42	124
Community & Environment Total*	++	-0.034	34	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.630	12	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	66.8	2	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++++	47.3	6	68.7
Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	++++	87.3	15	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	87.5	27	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	78.1	4	80.6
Rublic Health Funding (dollars per person)	++++	\$107	14	\$506
Uninsured (% of population)	++++	5.8	11	2.7
◆Policy Total*	+++++	0.114	5	0.185
		0.111	Ü	000
Clinical Care				
Dentists (number per 100,000 population)	+	44.3	47	88.5
Low Birthweight (% of live births)	+	9.3	44	5.8
Mental Health Providers (number per 100,000 population)	++++	235.7	19	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	47.2	23	23.3
Primary Care Physicians (number per 100,000 population)	++++	156.7	18	451.1
Clinical Care Total*	++	-0.059	36	0.180
All Determinants*	+++	-0.009	28	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	197.2	33	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	250.7	28	189.7
Diabetes (% of adults)	+++	10.6	27	6.6
Disparity in Health Status (% difference by high school education)	+	34.7	49	8.1
Frequent Mental Distress (% of adults)	++++	11.1	20	8.3
Frequent Physical Distress (% of adults)	+++++	10.5	10	8.2
Infant Mortality (deaths per 1,000 live births)	+	7.9	48	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	7,871	32	5,555
All Outcomes*	++	-0.087	34	0.254
OVERALL*	+++	-0.096	30	0.916

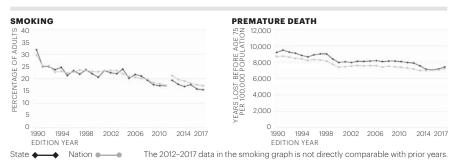
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7



Florida

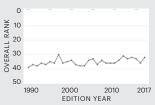
	Rating	2017 Value	2017 Rank	No. 1 State
Behavio	ors			
Drug Deaths (deaths per 100,000 popula	tion) ++++	14.1	20	5.7
Excessive Drinking (% of ad	,	17.5	19	11.8
RATING High School Graduation (% of stude Symbol Rank	,	77.9	42	90.8
+++++ 1-10 UDESITY (% OT ad		27.4	14	22.3
++++ 11-20 Physical Inactivity (% of ad	,	29.8	46	15.7
++ 31-40 + 41-50 Smoking (% of ad	,	15.5	16	8.8
Behaviors Tot	al* +++	0.003	28	0.295
Community & Environme	ent			
Air Pollution (micrograms of fine particles per cubic me	eter) ++++	6.8	13	3.8
Children in Poverty (% of child	ren) ++	18.7	32	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmone	ella)* ++	0.277	36	-1.107
Chlamydia (cases per 100,000 popula	tion) +++	454.8	26	233.3
Infectious Disease — Pertussis (cases per 100,000 popula	tion) ++++	1.7	3	0.4
Salmonella (cases per 100,000 popula	tion) +	29.3	47	9.3
Occupational Fatalities (deaths per 100,000 work	ers) +++	4.6	26	2.0
Violent Crime (offenses per 100,000 popula	tion) ++	430	33	124
Community & Environment Tot	al* +++	0.022	28	0.324
Pol	icv			
Immunizations—Adolescents (mean z score of HPV, meningococcal and Td		-0.180	30	1.717
HPV Females (% of females aged 13 to 17 ye		46.4	33	73.0
Immunizations— HPV Males (% of males aged 13 to 17 ye		34.5	34	68.7
Adolescents— Meningococcal (% of adolescents aged 13 to 17 ye	,	76.3	33	96.4
Tdap (% of adolescents aged 13 to 17 ye	,	89.7	18	96.7
Immunizations—Children (% of children aged 19 to 35 mor		67.1	41	80.6
Public Health Funding (dollars per per	son)	\$63	40	\$506
Uninsured (% of popular		12.9	46	27
Policy To	al* +	-0.096	46	0.185
	,	\		V
Dentists (number per 100,000 popula	tion)	52.3	3 0	88.5
Low Birthweight (% of live bi				5.8
Mental Health Providers (number per 100,000 popular		8.6 144.8	35 41	
Preventable Hospitalizations (discharges per 1,000 Medicare enroll		53.6	35	547.3 23.3
Primary Care Physicians (number per 100,000 popular		131.6	32	451.1
Clinical Care Thysicians (number per 100,000 popula	al* ++	-0.084	39	0.180
Offical date 16	al 117	-0.004	00	0.160
All Determinan	ts* ++	-0.155	32	0.778
Outcom				
Cancer Deaths (deaths per 100,000 popular		182.1	14	150.5
Cardiovascular Deaths (deaths per 100,000 popular		229.0	14	189.7
Diabetes (% of ad		11.8	40	6.6
Disparity in Health Status (% difference by high school education		26.9	23	8.1
Frequent Mental Distress (% of ad		11.4	21	8.3
Frequent Physical Distress (% of ad	,	12.9	34	8.2
Infant Mortality (deaths per 1,000 live bir	ths) +++	6.2	29	4.2
Premature Death (years lost before age 75 per 100,000 popular	tion) +++	7,412	27	5,555
All Outcome	es* +++	0.001	30	0.254
OVERA	LL* ++	-0.154	32	0.916
* Value indicates z score. Negative scores are below U.S. value: positive sco	res are above U	S value		

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL

Change: A 4 Determinants Rank: 32 Outcomes Rank: 30



Strengths:

- Low levels of air pollution
- Low prevalence of obesity w cardiovascular death rate

Chailenges:

- High percentage of uninsured population
- · High prevalence of physical inactivity
- · High incidence of Salmonella

Highlights:

- In the past year, drug deaths increased 7% from 13.2 to 14.1 deaths per 100,000 population after four years of continuous decline. The rate today is 15% below what it was in 2012.
- In the past year, children in poverty decreased 23% from 24.4% to 18.7% of children
- · In the past three years, cardiovascular deaths increased 3% from 223.0 to 229.0 deaths per 100,000 population
- In the past five years, premature death decreased 6% from 7,893 to 7,412 years lost before age 75 per 100,000 population
- · In the past eight years, chlamydia increased 44% from 315.5 to 454.8 cases per 100,000 population

Ranking:

Florida is 32nd this year; it was 36th in 2016. The state ranks 30th for senior health and 40th for the health of women and children.

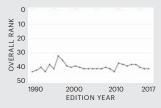
State Health Department Website:

www.floridahealth.gov

Georg



Change: no change Determinants Rank: 42 Outcomes Rank: 37



Strengths:

- · Low prevalence of excessive drinking
- Low drug death rate
- · High meningococcal immunization coverage among adolescents

Challenges:

- · High percentage of uninsured population
- · High percentage of children in poverty
- · High infant mortality rate

Highlights:

- · In the past year, premature death increased 3% from 7,980 to 8,185 years lost before age 75 per 100,000 population
- In the past five years, preventable hospitalizations decreased 27% from 68.4 to 50.2 discharges per 1,000 Medicare enrollees
- In the past 15 years, children in poverty increased 20% from 19.3% to 23.2% of children
- · In the past two years, meningococcal immunization among adolescents increased 22% from 74.9% to 91.4% of adolescents aged 13 to 17
- In the past five years, obesity increased 12% from 28.0% to 31.4% of adults

Ranking:

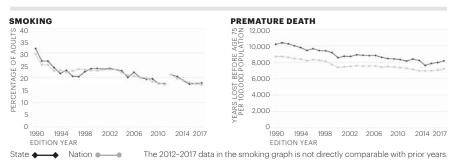
Georgia is 41st this year; it was 41st in 2016. The state ranks 41st for senior health and 45th for the health of women and children.

State Health Department Website:

dph.georgia.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	11.9	12	5.7
Excessive Drinking (% of adults)	+++++	15.1	7	11.8
RATING High School Graduation (% of students) Symbol Rank	++	78.8	40	90.8
+++++ 1-10 UDESITY (% OT ADUITS)	+++	31.4	30	22.3
+++ 11-20 +++ 21-30 Physical Inactivity (% of adults)	+	29.4	44	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+++	17.9	28	8.8
Behaviors Total*	++	-0.062	35	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.0	41	3.8
Children in Poverty (% of children)	+	23.2	46	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	++	0.267	35	-1.107
Chlamydia (cases per 100,000 population)	+	570.8	45	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	2.4	10	0.4
Salmonella (cases per 100,000 population)	++	21.1	39	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.8	29	2.0
Violent Crime (offenses per 100,000 population)	+++	398	30	124
Community & Environment Total*	++	-0.085	39	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.765	10	1.717
HPV Females (% of females aged 13 to 17 years)	++++	55.4	13	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++	36.2	28	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	91.4	7	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	92.8	8	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	77.3	7	80.6
Public Health Funding (dollars per person)	++	\$72	35	\$506
Uninsured (% of population)	+	13.4	47	2.7
Policy Total	++	-0.028	33	0.185
Clinical Care				
Dentists (number per 100,000 population)	+	46.7	46	88.5
Low Birthweight (% of live births)	+	9.5	45	5.8
Mental Health Providers (number per 100,000 population)	+	122.5	46	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	50.2	30	23.3
Primary Care Physicians (number per 100,000 population)	+	119.9	41	451.1
Clinical Care Total*	+	-0.129	45	0.180
All Determinants*	+	-0.303	42	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	195.2	30	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	278.1	38	189.7
Diabetes (% of adults)	+	12.1	42	6.6
Disparity in Health Status (% difference by high school education)	+++	27.0	24	8.1
Frequent Mental Distress (% of adults)	++	12.6	31	8.3
Frequent Physical Distress (% of adults)	+++	12.0	27	8.2
Infant Mortality (deaths per 1,000 live births)	+	7.6	45	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,185	35	5,555
All Outcomes*	++	-0.129	37	0.254
OVERALL*	+	-0.432	41	0.916

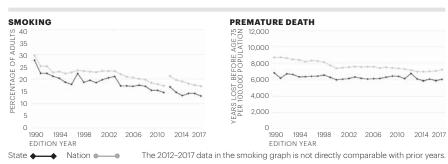
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Hawaii

	Rating	2017 Value	2017 Rank	No.1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.5	8	5.7
Excessive Drinking (% of adults)	++	20.3	38	11.8
RATING High School Graduation (% of students)	++	81.6	33	90.8
Symbol Rank 1-10 Obesity (% of adults)	+++++	23.8	3	22.3
++++ 11-20 +++ 21-30 Physical Inactivity (% of adults)	++++	20.8	17	15.7
++ 31-40 Smoking (% of adults)	+++++	13.1	3	8.8
+ 41-50 Behaviors Total*	+++++	0.180	5	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.9	6	3.8
Children in Poverty (% of children)	+++++	11.6	7	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++	0.040	29	-1.107
Chlamydia (cases per 100,000 population)	++	498.3	37	233.3
Infectious Disease — Pertussis (cases per 100,000 population)	++++	3.3	14	0.4
Salmonella (cases per 100,000 population)	++	20.1	37	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.9	10	2.0
Violent Crime (offenses per 100,000 population)	+++	309	21	124
Community & Environment Total*	+++++	0.183	4	0.324
Policy			.()	
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.272	32	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	61.5	5	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++++	46.9	7	68.7
Adolescents Meningococcal (% of adolescents aged 13 to 17 years)	++	75.8	35	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	82.2	45	96.7
Immunizations—Children (% of children aged 19 to 35 months)	(HT)	75.1	15	80.6
Public Health Funding (dollars per person)	1444	\$247	3	\$506
Uninsured (% of population)	-	3.8	2	2
Policy Total*	*****	0.149	4	0.185
Vinc 9 Jare				
Dentists (number per 100,000 population)	+++++	76.4	4	88.5
Low Birthweight (% of live births)	4++	8.3	29	5.8
Mental Health Providers (number per 100,000 population)		229.5	2 2	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	23.3	1	23.3
Primary Care Physicians (number per 100,000 population)	+++++	179.9	9	451.1
Clinical Care Total*	*****	0.128	7	0.180
All Determinants*	14+)+	0.641	3	0.778
Outcom =s	1			
Cancer Deaths (deaths per 100,000 population)	+++++	161.0	3	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	210.7	4	189.7
Diabetes (% of adults)	+++	10.5	25	6.6
Disparity in Health Status (% difference by high school education)	++	28.4	31	8.1
Frequent Mental Distress (% of adults)	+++++	9.2	3	8.3
Frequent Physical Distress (% of adults)	+++++	9.9	8	8.2
Infant Mortality (deaths per 1,000 live births)	++++	5.2	15	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,031	7	5,555
All Outcomes*	+++++	0.204	4	0.254
OVERALL*	+++++	0.845	2	0.916
* Value indicates 7 coors. Negative seems are helpy LLC, value, positive seems of	ra abaya IIC	. voluo		

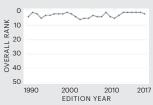
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: **▼1** Determinants Rank: 3 Outcomes Rank: 4



Strengths:

- Low percentage of uninsured population
- Low prevalence of obesity
- ow preventable hospitalization rate

Chailenges:

- High prevalence of excessive drinking
- High incidence of Salmonella
- · Low Tdap immunization coverage among adolescents

Highlights:

- In the past seven years, premature death decreased 6% from 6,391 to 6,031 years lost before age 75 per 100,000 population
- In the past three years, cardiovascular deaths increased 6% from 199.1 to 210.7 deaths per 100,000 population
- · In the past five years, the percentage uninsured decreased 51% from 7.8% to 3.8% of the population
- In the past three years, violent crime increased 29% from 239 to 309 offenses per 100,000 population
- In the past two years, children in poverty decreased 31% from 16.9% to 11.6% of children

Ranking:

Hawaii is second this year; it was first in 2016. The state ranks third for senior health and seventh for the health of women and children.

State Health Department Website:

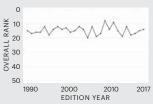
health.hawaii.gov

Idaho

OVERALL



Change: A 1 Determinants Rank: 14 Outcomes Rank: 17



Strengths:

- · Low levels of air pollution
- · Low violent crime rate
- · Low preventable hospitalization rate

Challenges:

- · Lower number of primary care physicians
- · High incidence of Salmonella
- · Large disparity in health status by educational attainment

Highlights:

- In the past two years, obesity decreased 5% from 28.9% to 27.4% of adults
- · After decreasing between 2012-2015, diabetes increased 17% in the past two years, from 7.6% to 8.9% of adults
- · In the past five years, smoking decreased 16% from 17.2% to 14.5% of adults
- In the past two years, frequent mental distress increased 15% from 9.3% to 10.7% of adults
- In the past five years, children in poverty decreased 39% from 22.3% to 13.5% of children

Ranking:

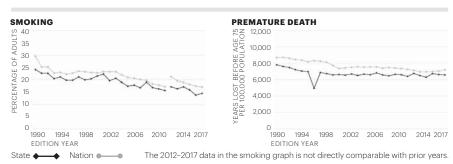
Idaho is 14th this year; it was 15th in 2016. The state ranks 22nd for senior health and 26th for the health of women and children.

State Health Department Website:

www.healthandwelfare.idaho.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	13.7	18	5.7
Excessive Drinking (% of adults)	++++	17.4	15	11.8
RATING High School Graduation (% of students)	++	78.9	39	90.8
+++++ 1-10 UDESITY (% OF adults)	++++	27.4	14	22.3
+++ 21-30 Thysical mactivity (70 of addits)	++++	20.2	13	15.7
++ 31-40 + 41-50 Smoking (% of adults) Behaviors Total*	++++	14.5 0.094	12 11	8.8 0.295
Deliaviors Iotal	*****	0.094	11	0.293
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.9	6	3.8
Children in Poverty (% of children)	++++	13.5	12	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+	0.523	43	-1.107
Chlamydia (cases per 100,000 population)	+++++	344.5	6	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	++	11.7	40	0.4
Salmonella (cases per 100,000 population)	+	35.6	49	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.7	27	2.0
Violent Crime (offenses per 100,000 population)	+++++	230	6	124
Community & Environment Total*	++++	0.158	11	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)	+++	-0.137	27	1.717
HPV Females (% of females aged 13 to 17 years)	++	43.4	38	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	++	30.0	40	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	86.5	16	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	87.5	27	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	73.9	18	80.6
Public Health Funding (dollars per person)	+++++	\$153	5	\$506
Uninsured (% of population)	++	10.6	40	2.7
Policy Total*	+++	0.017	25	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++	55.8	23	88.5
Low Birthweight (% of live births)	+++++	6.6	7	5.8
Mental Health Providers (number per 100,000 population)	+++	193.6	29	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	32.3	4	23.3
Primary Care Physicians (number per 100,000 population)	+	96.6	50	451.1
Clinical Care Total*	+++	0.014	23	0.180
All Determinants*	++++	0.284	14	0.778
Cancer Deaths (deaths per 100,000 population)	++++	181.3	13	150.5
	+++			
Cardiovascular Deaths (deaths per 100,000 population) Diabetes (% of adults)	++++	233.4	22 11	189.7 6.6
Disparity in Health Status (% difference by high school education)	+	32.4	44	8.1
Frequent Mental Distress (% of adults)	++++	10.7	16	8.3
Frequent Physical Distress (% of adults)	++++	11.0	14	8.2
Infant Mortality (deaths per 1,000 live births)	++++	5.1	12	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,599	18	5,555
All Outcomes*	++++	0.100	17	0.254
OVERALL*	++++	0.384	14	0.916

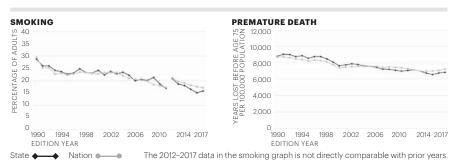
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Illinois

	Rating	2017 Value	2017 Rank	No. 1 State
Behavior	s			
Drug Deaths (deaths per 100,000 population	,	13.2	16	5.7
Excessive Drinking (% of adult	*	21.1	45	11.8
RATING High School Graduation (% of student Symbol Rank	*	85.6	22	90.8
+++++ 1-10 UDESITY (% OF adult	,	31.6	33	22.3
++++ 11-20 Physical Inactivity (% of adult	*	23.9	29	15.7
++ 31-40 Smoking (% of adult	*	15.8	18	8.8
Behaviors Total	* +++	0.021	23	0.295
Community & Environmen	t			
Air Pollution (micrograms of fine particles per cubic mete	r) +	10.2	49	3.8
Children in Poverty (% of children	1) ++	19.1	33	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella	* +++	0.000	26	-1.107
Chlamydia (cases per 100,000 population	1) ++	540.4	40	233.3
Infectious Disease — Pertussis (cases per 100,000 population	n) ++	5.6	31	0.4
Salmonella (cases per 100,000 population	1) ++++	14.3	20	9.3
Occupational Fatalities (deaths per 100,000 workers	3) +++++	3.9	10	2.0
Violent Crime (offenses per 100,000 population	n) ++	436	35	124
Community & Environment Total	* ++	-0.071	38	0.324
Polic	V	-		
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap		0.445	16	1.717
HPV Females (% of females aged 13 to 17 years		52.6	17	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years	,	43.2	16	68.7
Adolescents — Meningococcal (% of adolescents aged 13 to 17 year	*	83.9	24	96.4
Tdap (% of adolescents aged 13 to 17 year	,	91.0	14	96.7
Immunizations—Children (% of children aged 19 to 35 month		71.5	25	80.6
Public Health Funding (dollars per perso		\$69	37	\$506
Uninsured (% of population		6.8	20	27
Policy Total		0.043	21	0.185
	,	>		V
Dentists (number per 100,000 population	2)	67.4	410	00 E
Low Birthweight (% of live birth		67.4	12	88.5 5.8
Mental Health Providers (number per 100,000 population		8.3 1 <u>93</u> .8	29 28	
Preventable Hospitalizations (discharges per 1,000 Medicare enrollee		54.8	38	547.3 23.3
Primary Care Physicians (number per 100,000 population		175.3	10	451.1
Clinical Care Tutal		0.014	23	0.180
Chilical date lotal		0.014	20	0.160
All Determinants	* +4+) `	-0.007	27	0.778
Cancer Deaths (deaths per 100,000 population		199.8	36	150.5
Cardiovascular Deaths (deaths per 100,000 population		257.8	33	189.7
Diabetes (% of adult		10.4	23	6.6
Disparity in Health Status (% difference by high school education		27.6	28	8.1
Frequent Mental Distress (% of adult	*	10.0	7	8.3
Frequent Physical Distress (% of adult	,	11.4	22	8.2
Infant Mortality (deaths per 1,000 live birth	*	6.3	30	4.2
Premature Death (years lost before age 75 per 100,000 population	*	6,825	20	5,555
All Outcomes		0.022	28	0.254
OVERALL		0.029	27	0.916
* Value indicates z score. Negative scores are below U.S. value: positive scores		S value		

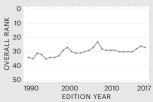
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: **▼1** Determinants Rank: 27 Outcomes Rank: 28



Strengths:

- Low prevalence of frequent mental distress
 - Higher number of primary care physicians
- Higher number of dentists

Challenges:

- · High levels of air pollution
- · High prevalence of excessive drinking
- High preventable hospitalization rate

Highlights:

- In the past five years, obesity increased 17% from 27.1% to 31.6% of adults
- In the past five years, excessive drinking decreased 12% from 24.1% to 21.1% of adults
- In the past two years, violent crime increased 15% from 380 to 436 offenses per 100,000 population
- In the past five years, smoking decreased 24% from 20.9% to 15.8% of adults
- · In the past five years, the percentage uninsured decreased 54% from 14.8% to 6.8% of the population

Ranking:

Illinois is 27th this year; it was 26th in 2016. The state ranks 36th for senior health and 21st for the health of women and children.

State Health Department Website:

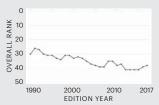
www.dph.illinois.gov

Indiana

OVERALL



Change: A 1 Determinants Rank: 37 Outcomes Rank: 41



Strengths:

- · Low percentage of children in poverty
- · Low incidence of Salmonella
- · High meningococcal immunization among adolescents

Challenges:

- · High prevalence of smoking
- Lower number of dentists
- · High levels of air pollution

Highlights:

- · In the past year, drug deaths increased 7% from 16.7 to 17.9 deaths per 100,000 population, a 108% increase since 2007
- · In the past two years, children in pover decreased 40% from 23.3% to 13.9% of children
- · In the past two years, excessive drinking increased 18% from 15.8% to 18.6% of adults
- In the past eight years, air pollution decreased 27% from 13.2 to 9.7 micrograms of fine particles per cubic meter
- · In the past year, premature death increased 3% from 8,208 to 8,471 years lost before age 75 per 100,000 population

Ranking:

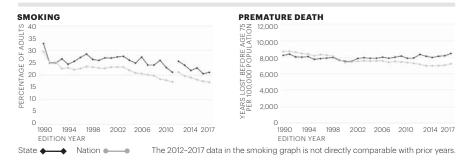
Indiana is 38th this year; it was 39th in 2016. The state ranks 39th for senior health and 36th for the health of women and children.

State Health Department Website:

www.in.gov/isdh

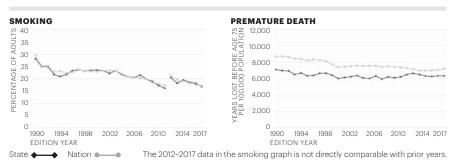
	Rating	2017 Value	2017 Rank	No.1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	17.9	34	5.7
Excessive Drinking (% of adults)	+++	18.6	28	11.8
RATING High School Graduation (% of students)	++++	87.1	15	90.8
Symbol Rank +++++ 1-10 Obesity (% of adults)	++	32.5	40	22.3
++++ 11-20 Physical Inactivity (% of adults)	++	26.8	38	15.7
++ 31-40 Smoking (% of adults)	+	21.1	41	8.8
+ 41-50 Behaviors Total*	++	-0.106	40	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.7	46	3.8
Children in Poverty (% of children)	++++	13.9	13	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-0.653	6	-1.107
Chlamydia (cases per 100,000 population)	+++	437.9	24	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	++++	3.4	16	0.4
Salmonella (cases per 100,000 population)	+++++	10.1	4	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.1	33	2.0
Violent Crime (offenses per 100,000 population)	++	405	31	124
Community & Environment Total*	+++	0.025	27	0.324
		0.020	21	0.02 1
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.028	22	1.717
HPV Females (% of females aged 13 to 17 years)	++	43.5	37	73.0
Adalasas to 17 (Cars)	+	24.7	46	68.7
Werlingococcai (% of adolescents aged 13 to 17 years)	++++	88.0	13	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	89.5	22	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	68.8	34	80.6
Public Health Funding (dollars per person)	+	\$49	49	\$506
Uninsured (% of population)	+++	8.9	28	2.7
Policy Total*	++	-0.026	32	0.185
Clinical Care				
Dentists (number per 100,000 population)	+	46.8	45	88.5
Low Birthweight (% of live births)	+++	8.0	25	5.8
Mental Health Providers (number per 100,000 population)	+	144.2	42	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	56.8	41	23.3
Primary Care Physicians (number per 100,000 population)	++	123.4	39	451.1
Clinical Care Total*	+	-0.101	41	0.180
All Determinants*	++	-0.207	37	0.778
All Determinants	• •	0.207	07	0.770
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	210.5	42	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	277.5	37	189.7
Diabetes (% of adults)	++	11.5	37	6.6
Disparity in Health Status (% difference by high school education)	++++	25.5	16	8.1
Frequent Mental Distress (% of adults)	++	13.2	38	8.3
Frequent Physical Distress (% of adults)	++	12.6	32	8.2
Infant Mortality (deaths per 1,000 live births)	+	7.2	42	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,471	38	5,555
All Outcomes*	+	-0.150	41	0.254
OVERALL*	++	-0.357	38	0.916
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^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	9.4	4	5.7
Excessive Drinking (% of adults)	+	22.1	47	11.8
RATING High School Graduation (% of students)	+++++	90.8	1	90.8
+++++ 1-10 UDESITY (% OT AGUITS)	++	32.0	37	22.3
++++ 11-20 Physical Inactivity (% of adults)	+++	22.7	21	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+++	16.7	22	8.8
Behaviors Total*	++++	0.062	18	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.8	25	3.8
Children in Poverty (% of children)	++++	14.0	15	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	-0.207	21	-1.107
Chlamydia (cases per 100,000 population)	++++	388.9	11	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	+++	5.5	28	0.4
Salmonella (cases per 100,000 population)	++	19.8	36	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.5	35	2.0
Violent Crime (offenses per 100,000 population)	++++	291	16	124
Community & Environment Total*	++++	0.098	17	0.324
Police			.0	
Policy Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.078	25	1.717
HPV Females (% of females aged 13 to 17 years)	+++	47.4	28	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	++++	43.8	15	68.7
Adolescents— Meningococcal (% of adolescents aged 13 to 17 years)	++	74.9	38	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++(89.2	24	96.7
Immunizations—Children (% of children aged 19 to 35 months)	4	73.5	21	80.6
Public Health Funding (dollars per person)		\$105	16	\$506
Uninsured (% of population)	*****	4.7	5	27
Policy Total*	***	0.090	11	0.185
		> '	1	
Ville 9 Sare			•	
Dentists (number per 100,000 population)	++	51.9	34	88.5
Low Birthweight (% of live births)	+++++	6.7	9	5.8
Mental Health Providers (number per 100,000 population)	٠	134.7	44	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare emollees)	+++	48.9	25	23.3
Primary Care Physicians (number per 100,000 population)	****	142.3	23	451.1
Clinical Care Total*	+++	-0.020	30	0.180
All Determinants*	Q_{ij}	0.229	20	0.778
	1			0.770
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	195.2	30	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	245.1	26	189.7
Diabetes (% of adults)	++++	9.3	14	6.6
Disparity in Health Status (% difference by high school education)	+++	27.3	26	8.1
Frequent Mental Distress (% of adults)	+++++	10.0	7	8.3
Frequent Physical Distress (% of adults)	+++++	9.6	5	8.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.5	4	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,333	11	5,555
All Outcomes* OVERALL*	++++	0.147 0.376	7 15	0.254 0.916
Velve indicates a coord Negative accurators halous UC velve in district accurate	ro obove UC	U.370	10	0.910

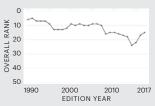
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: A 2 Determinants Rank: 20 Outcomes Rank: 7



Strengths:

- Low drug death rate
- · Low percentage of uninsured population ow infant mortality rate

Chailenges:

- High prevalence of obesity
- · High prevalence of excessive drinking
- · Lower number of mental health providers

Highlights:

- In the past three years, smoking decreased 14% from 19.5% to 16.7% of adults
- · In the past four years, chlamydia increased 56% from 249.1 to 388.9 cases per 100,000 population
- In the past five years, the percentage uninsured decreased 58% from 11.1% to 4.7% of the population
- In the past five years, obesity increased 10% from 29.0% to 32.0% of adults
- In the past 15 years, preventable hospitalizations decreased 31% from 70.8 to 48.9 discharges per 1,000 Medicare enrollees

Ranking:

lowa is 15th this year; it was 17th in 2016. The state ranks 19th for senior health and eighth for the health of women and children.

State Health Department Website:

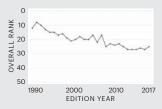
idph.iowa.gov

Kansas

OVERALL



Change: **2** Determinants Rank: 25 Outcomes Rank: 22



Strengths:

- · Low prevalence of frequent physical distress
- · Low prevalence of low birthweight
- · Low drug death rate

Challenges:

- · Lower number of dentists
- High incidence of pertussis
- · Low per capita public health funding

Highlights:

- · In the past year, obesity decreased 9% from 34.2% to 31.2% of adults
- In the past five years, drug deaths increased 23% from 9.6 to 11.8 deaths 100,000 population
- · In the past year, infant mortality decreased 5% from 6.4 to 6.1 deaths per 1,000 live births
- · In the past four years, cardiovascular deaths increased 5% from 242.4 to 253.5 deaths per 100,000 population
- In the past 10 years, air pollution decreased 29% from 10.3 to 7.3 micrograms of fine particles per cubic meter

Ranking:

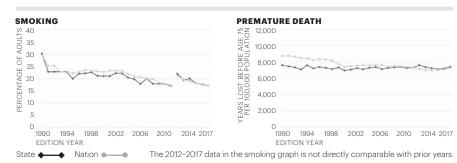
Kansas is 25th this year; it was 27th in 2016. The state ranks 31st for senior health and 25th for the health of women and children.

State Health Department Website:

www.kdheks.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population) Excessive Drinking (% of adults) High School Graduation (% of students) Symbol +++++ 11-20 ++++ 11-20 Physical Inactivity (% of adults) +++ 31-40 + 41-50 Community & Environment Air Pollution (micrograms of fine particles per cubic meter)	+++++ ++++ +++ +++ +++ +++	11.8 17.4 85.7 31.2 23.5 17.2 0.038	10 15 20 29 28 26 22	5.7 11.8 90.8 22.3 15.7 8.8 0.295
Children in Poverty (% of children) Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)* Chlamydia (cases per 100,000 population) Pertussis (cases per 100,000 population) Salmonella (cases per 100,000 population) Occupational Fatalities (deaths per 100,000 workers) Violent Crime (offenses per 100,000 population) Community Esvironment Total*	++++ ++ ++++ + ++ ++ +++	15.9 0.177 394.8 14.5 17.5 5.0 380 0.051	20 34 13 43 32 31 29 24	7.6 -1.107 233.3 0.4 9.3 2.0 124 0.324
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap) HPV Females (% of females aged 13 to 17 years) HPV Males (% of males aged 13 to 17 years) Meningococcal (% of adolescents aged 13 to 17 years) Tdap (% of adolescents aged 13 to 17 years) Immunizations—Children (% of children aged 19 to 35 months) Public Health Funding (dollars per person) Uninsured (% of population) Policy Total*	+ + + + ++ +++++ +++	-0.757 45.6 26.0 69.7 87.3 76.4 \$56 8.9 -0.004	42 35 45 43 31 10 42 28 28	1.717 73.0 68.7 96.4 96.7 80.6 \$506 2.7 0.185
Clinical Care				
Dentists (number per 100,000 population) Low Birthweight (% of live births) Mental Health Providers (number per 100,000 population) Preventable Hospitalizations (discharges per 1,000 Medicare enrollees) Primary Care Physicians (number per 100,000 population) Clinical Care Total* All Determinants*	++ +++++ ++ ++ ++	50.5 6.8 181.4 51.3 133.3 -0.028	37 10 34 32 31 32	88.5 5.8 547.3 23.3 451.1 0.180
		0.007	20	0.770
Cancer Deaths (deaths per 100,000 population) Cardiovascular Deaths (deaths per 100,000 population) Diabetes (% of adults) Disparity in Health Status (% difference by high school education) Frequent Mental Distress (% of adults) Frequent Physical Distress (% of adults) Infant Mortality (deaths per 1,000 live births) Premature Death (years lost before age 75 per 100,000 population) All Outcomes* OVERALL*	+++ +++ ++++ ++++ ++++ +++ +++	194.3 253.5 9.4 28.7 9.8 9.8 6.1 7,380 0.066 0.123	28 29 16 34 6 6 27 26 22 25	150.5 189.7 6.6 8.1 8.3 8.2 4.2 5,555 0.254 0.916

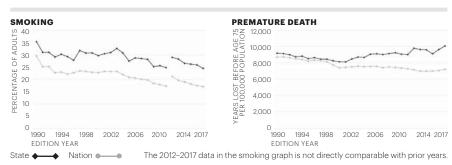
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Kentucky

	Rating	2017 Value	2017 Rank	No. 1 State
Behavi	ors			
Drug Deaths (deaths per 100,000 popula	ition) +	25.5	49	5.7
Excessive Drinking (% of ac	dults) ++++	15.8	8	11.8
RATING High School Graduation (% of students)	ents) +++++	88.0	8	90.8
Symbol Rank +++++ 1–10 Obesity (% of ac		34.2	44	22.3
++++ 11-20 Physical Inactivity (% of ac	,	29.8	46	15.7
++ 31-40 Smoking (% of ac	*	24.5	49	8.8
Behaviors To	tal* +	-0.213	47	0.295
Community & Environm	ent			
Air Pollution (micrograms of fine particles per cubic m	eter) ++	8.8	38	3.8
Children in Poverty (% of child	dren) ++	20.7	38	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonia	ella)* +++++	-0.643	7	-1.107
Chlamydia (cases per 100,000 popula	tion) ++++	395.2	14	233.3
Infectious Disease — Pertussis (cases per 100,000 popula	tion) ++++	4.2	20	0.4
Salmonella (cases per 100,000 popula	tion) ++++	12.1	10	9.3
Occupational Fatalities (deaths per 100,000 work	,	5.5	35	2.0
Violent Crime (offenses per 100,000 popula	,	232	7	124
Community & Environment To	tal* +++	0.040	26	0.324
Pol	licy	-		
Immunizations—Adolescents (mean z score of HPV, meningococcal and To	dap)* +++	-0.138	28	1.717
HPV Females (% of females aged 13 to 17 ye	ears) +	39.7	43	73.0
Immunizations— HPV Males (% of males aged 13 to 17 ye	ears) +	28.5	41	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 ye	ears) ++++	85.9	18	96.4
Tdap (% of adolescents aged 13 to 17 ye	ears) +++	89.0	26	96.7
Immunizations—Children (% of children aged 19 to 35 more		74.5	16	80.6
Public Health Funding (dollars per per		\$79	29	\$506
Uninsured (% of popula		5.6	9	27
Policy To	tal" ++++	0.067	16	0.185
CUMPA.	are			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Dentists (number per 100,009 popula	ition)	54.6	2 5	88.5
Low Birthweight (% of live bi		8.7	38	5.8
Mental Health Providers (number per 100,000 popula		194.6	27	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrol		76.6	50	23.3
Primary Care Physicians (number per 100,000 popula	ition) ++	120.6	40	451.1
Clinical Care To	tal* +	-0.124	44	0.180
All Determinar	nts*_ 47	-0.229	39	0.778
		0.220		0.770
Concer Deaths (deaths per 100 000 per 10		222.6	EO	1505
Cancer Deaths (deaths per 100,000 popula		233.6	50	150.5
Cardiovascular Deaths (deaths per 100,000 popula Diabetes (% of ac		296.4 13.1	44 46	189.7
Disparity in Health Status (% difference by high school educa		19.7	46	6.6
Frequent Mental Distress (% of ac	,	14.7	48	8.1
Frequent Physical Distress (% of ac	,	16.5	46 48	8.3 8.2
Infant Mortality (deaths per 1,000 live bi	*	6.9	38	4.2
Premature Death (years lost before age 75 per 100,000 popula	*	10,042	30 47	5,555
All Outcom	,	-0.282	46	0.254
OVERA		-0.262	42	0.234
				,

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

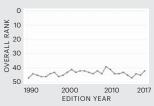


OVERALL





Change: A 3 Determinants Rank: 39 Outcomes Rank: 46



Strengths:

• Small disparity in health status by educational attainment w violent crime rate

percentage of uninsured population

challenges:

- · High prevalence of smoking
- · High cancer death rate
- · High preventable hospitalization rate

Highlights:

- In the past three years, children in poverty decreased 35% from 31.8% to 20.7% of children
- In the past three years, diabetes increased 24% from 10.6% to 13.1% of adults
- In the past five years, the percentage uninsured decreased 62% from 14.6% to 5.6% of the population
- In the past 10 years, drug deaths increased 85% from 13.8 to 25.5 deaths per 100,000 population
- In the past five years, preventable hospitalizations decreased 25% from 102.8 to 76.6 discharges per 1,000 Medicare enrollees

Ranking:

Kentucky is 42nd this year; it was 45th in 2016. The state ranks 49th for senior health and 34th for the health of women and children.

State Health Department Website:

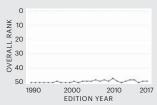
chfs.ky.gov/dph/

Louisiana

OVERALL



Change: no change Determinants Rank: 49 Outcomes Rank: 43



Strengths:

- · Small disparity in health status by educational attainment
- · Low incidence of pertussis
- High Tdap immunization coverage among adolescents

Challenges:

- · High prevalence of smoking
- · High percentage of children in poverty
- High prevalence of low birthweight

Highlights:

- · In the past five years, the percentage uninsured decreased 45% from 20.3 11.1% of the population
- In the past three years, drug deaths increased 37% from 12.9 to 17.7 deaths per 100,000 population
- In the past five years, preventable hospitalizations decreased 29% from 92.1 to 65.8 discharges per 1,000 Medicare enrollees
- In the past four years, premature death increased 2% from 9,806 to 10,003 years lost before age 75 per 100,000 population
- In the past 10 years, air pollution decreased 36% from 12.2 to 7.8 micrograms of fine particles per cubic meter

Ranking:

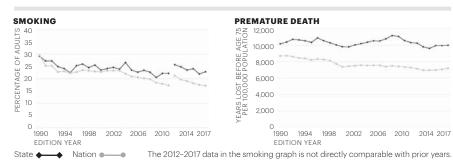
Louisiana is 49th this year; it was 49th in 2016. The state ranks 47th for senior health and 48th for the health of women and children.

State Health Department Website:

dhh.louisiana.gov

	Rating	2017 Value	2017 Rank	No.1 State
Behaviors				
Prug Deaths (deaths per 100,000 population) Excessive Drinking (% of adults) High School Graduation (% of students) Obesity (% of adults) High School Graduation (% of adults) Obesity (% of adults) Physical Inactivity (% of adults) Smoking (% of adults) Behaviors Total*	++ +++ + + + +	17.7 18.5 77.5 35.5 29.1 22.8 -0.288	32 25 43 46 43 47 50	5.7 11.8 90.8 22.3 15.7 8.8 0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter) Children in Poverty (% of children) Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)* Chlamydia (cases per 100,000 population) Pertussis (cases per 100,000 population) Salmonella (cases per 100,000 population) Occupational Fatalities (deaths per 100,000 workers) Violent Crime (offenses per 100,000 population) Community Environment Total*	+++ + + + + +++++ + + +	7.8 28.3 0.947 695.2 1.2 28.4 7.5 566 -0.220	25 49 50 49 2 46 44 46 50	3.8 7.6 -1.107 233.3 0.4 9.3 2.0 124 0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)* Immunizations— Adolescents—HPV Males (% of females aged 13 to 17 years) HPV Males (% of males aged 13 to 17 years) Meningococcal (% of adolescents aged 13 to 17 years) Tdap (% of adolescents aged 13 to 17 years) Immunizations—Children (% of children aged 19 to 35 months) Public Health Funding (dollars per person) Uninsured (% of population) Policy Total*	++++ +++ +++++ +++++ + +++++	0.680 50.8 33.2 90.9 93.7 66.8 \$86 11.1 -0.036	11 21 37 8 6 44 26 42 38	1.717 73.0 68.7 96.4 96.7 80.6 \$506 2.7 0.185
Clinical Care				
Dentists (number per 100,000 population) Low Birthweight (% of live births) Mental Health Providers (number per 100,000 population) Preventable Hospitalizations (discharges per 1,000 Medicare enrollees) Primary Care Physicians (number per 100,000 population) Clinical Care Total* All Determinants*	+ + ++++ + + +	48.2 10.6 257.1 65.8 131.1 -0.143	42 49 18 47 33 46	88.5 5.8 547.3 23.3 451.1 0.180
Cancer Deaths (deaths per 100,000 population) Cardiovascular Deaths (deaths per 100,000 population) Diabetes (% of adults) Disparity in Health Status (% difference by high school education) Frequent Mental Distress (% of adults) Frequent Physical Distress (% of adults) Infant Mortality (deaths per 1,000 live births) Premature Death (years lost before age 75 per 100,000 population) All Outcomes* OVERALL*	+ + + +++++ ++ + + + +	218.2 316.2 12.1 20.2 13.1 13.0 7.6 10,003 -0.220 -0.908	46 46 42 6 37 36 45 46 43 49	150.5 189.7 6.6 8.1 8.3 8.2 4.2 5,555 0.254 0.916

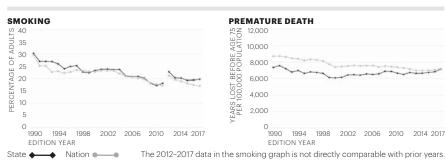
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Maine

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors	;			
Drug Deaths (deaths per 100,000 population	+++	16.7	29	5.7
Excessive Drinking (% of adults		20.5	39	11.8
RATING High School Graduation (% of students	++++	87.5	12	90.8
Symbol Rank 1–10 Obesity (% of adults		29.9	24	22.3
++++ 11-20 Physical Inactivity (% of adults	++++	20.6	16	15.7
++ 31-40 Smoking (% of adults		19.8	37	8.8
Behaviors Total	+++	-0.014	29	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter		6.4	11	3.8
Children in Poverty (% of children		19.6	37	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)		-0.307	17	-1.107
Chlamydia (cases per 100,000 population		298.1	4	233.3
Infectious Disease—Pertussis (cases per 100,000 population		21.1	48	0.4
Salmonella (cases per 100,000 population		9.3	1	9.3
Occupational Fatalities (deaths per 100,000 workers		4.1	19	2.0
Violent Crime (offenses per 100,000 population		124	1	124
Community & Environment Total		0.167	8	0.324
			_	
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)		0.470	14	1.717
Immunizations— HPV Females (% of females aged 13 to 17 years		64.3	<u>3</u>	73.0
Adalasants		48.2	5	68.7
ivieringococcai (% of adolescents aged 13 to 17 years		83.5	25	96.4
Tdap (% of adolescents aged 13 to 17 years)		87.5	27	96.7 80.6
Immunizations—Children (% of children aged 19 to 35 months Public Health Funding (dollars per person		70.6 \$95	26 20	
Uninsured (% of population		8.2	20 2 4	\$506
Policy Total		0.029	22	0.185
10110	J. 1	0.023	1	GIO
Vaic 3. Care		Y	-	
Dentists (number per 100,000 population	##	50.0	3 8	88.5
Low Birthweight (% of live births		6.9	12	5.8
Mental Health Providers (number per 100,000 population		442.1	3	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees		49.4	28	23.3
Primary Care Physicians (number per 100,000 population	+++++	187.4	7	451.1
Clinical Care Total	+++++	0.091	10	0.180
All Data was a subst		0.070	15	0.770
All Determinants	~ \	0.273	15	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population		205.7	39	150.5
Cardiovascular Deaths (deaths per 100,000 population		227.4	12	189.7
Diabetes (% of adults		10.6	27	6.6
Disparity in Health Status (% difference by high school education		28.5	32	8.1
Frequent Mental Distress (% of adults		12.7	33	8.3
Frequent Physical Distress (% of adults		13.6	39	8.2
Infant Mortality (deaths per 1,000 live births		6.6	33	4.2
Premature Death (years lost before age 75 per 100,000 population		7,144	22	5,555
All Outcomes	++	-0.066	33	0.254
OVERALL*	+++	0.207	23	0.916
* Value indicates = coore Negative coores are below LLC value masistive coores	ara abaya III	2 volue		

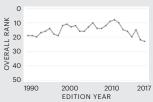
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: **▼1** Determinants Rank: 15 Outcomes Rank: 33



Strengths:

- Low violent crime rate
- Higher number of mental ealth providers incidence of chlamydia

nallenges:

- High prevalence of smoking
- · High incidence of pertussis
- · Lower number of dentists

Highlights:

- In the past two years, diabetes increased 12% from 9.5% to 10.6% of adults
- In the past 10 years, air pollution decreased 35% from 9.9 to 6.4 micrograms of fine particles per cubic meter
- In the past three years, drug deaths increased 52% from 11.0 to 16.7 deaths per 100,000 population
- In the past year, infant mortality decreased 4% from 6.9 to 6.6 deaths per 1,000 live births, however, it increased by 20% in the past five years
- In the past two years, immunizations among children decreased 17% from 84.7% to 70.6% of children aged 19 to 35 months

Ranking:

Maine is 23rd this year; it was 22nd in 2016. The state ranks 11th for senior health and 11th for the health of women and children.

State Health Department Website:

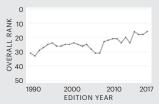
www.maine.gov/dhhs

Maryland

OVERALL



Change: **2** Determinants Rank: 13 Outcomes Rank: 26



Strengths:

- · Low percentage of children in poverty
- · Low prevalence of smoking
- · Low prevalence of frequent physical distress

Challenges:

- · High violent crime rate
- High levels of air pollution
- · Low Tdap immunization coverage among adolescents

Highlights:

- · In the past five years, smoking decrea 28% from 19.1% to 13.7% of adults
- In the past three years, drug deaths increased 45% from 12.2 to 17.7 deaths per 100,000 population
- · In the past five years, the percentage uninsured decreased 52% from 13.3% to 6.4% of the population
- In the past year, premature death increased 4% from 6,836 to 7,113 years lost before age 75 per 100,000 population
- · In the past year, frequent physical distress decreased 15% from 11.2% to 9.5% of adults

Ranking:

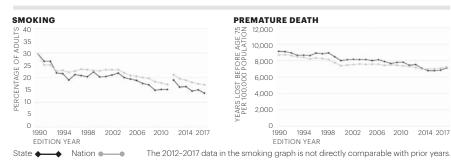
Maryland is 16th this year; it was 18th in 2016. The state ranks 14th for senior health and 23rd for the health of women and children.

State Health Department Website:

dhmh.maryland.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	17.7	32	5.7
Excessive Drinking (% of adults)	+++++	16.5	10	11.8
RATING High School Graduation (% of students)	++++	87.0	16	90.8
Symbol Rank 1-10 Obesity (% of adults)	+++	29.9	24	22.3
++++ 11-20 Physical Inactivity (% of adults)	+++	23.1	23	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+++++	13.7	6	8.8
Behaviors Total*	+++++	0.127	7	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.0	41	3.8
Children in Poverty (% of children)	+++++	9.6	4	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	++++	-0.353	16	-1.107
Chlamydia (cases per 100,000 population)	+++	459.3	28	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	+++++	2.2	8	0.4
_Salmonella (cases per 100,000 population)	+++	16.0	24	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.9	10	2.0
Violent Crime (offenses per 100,000 population)	++	472	40	124
Community & Environment Total*	+++	0.067	22	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	0.027	21	1.717
HPV Females (% of females aged 13 to 17 years)	++++	51.8	20	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	++++	44.5	11	68.7
Adolescents Meningococcal (% of adolescents aged 13 to 17 years)	+++	84.8	23	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	85.0	38	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	74.4	17	80.6
Public Health Funding (dollars per person)	++++	\$95	20	\$506
Uninsured (% of population)	++++	6.4	17	2.7
Policy Total	++++	0.065	17	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++++	70.7	9	88.5
Low Birthweight (% of live births)	++	8.6	35	5.8
Mental Health Providers (number per 100,000 population)	+++	219.3	23	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	46.7	20	23.3
Primary Care Physicians (number per 100,000 population)	+++++	184.9	8	451.1
Clinical Care Total*	++++	0.054	17	0.180
All Determinants*	++++	0.313	13	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	187.8	21	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	255.0	31	189.7
Diabetes (% of adults)	+++	10.8	29	6.6
Disparity in Health Status (% difference by high school education)	+++	28.3	30	8.1
Frequent Mental Distress (% of adults)	+++++	10.1	9	8.3
Frequent Physical Distress (% of adults)	+++++	9.5	3	8.2
Infant Mortality (deaths per 1,000 live births)	++	6.6	33	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,113	21	5,555
All Outcomes*	+++	0.046	26	0.254
OVERALL*	++++	0.359	16	0.916

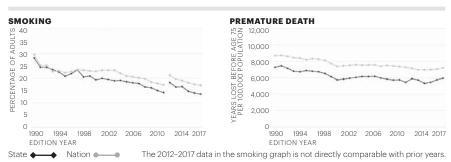
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Massachusetts

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	19.8	38	5.7
Excessive Drinking (% of adults)	++	20.1	35	11.8
RATING High School Graduation (% of students)	++++	87.3	13	90.8
+++++ 1-10 UDESITY (% OT ACUITS)	+++++	23.6	2	22.3
+++ 21-30 Triysical mactivity (% of addits)	++++	20.0	11	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+++++	13.6	5	8.8
Behaviors Total*	+++++	0.197	3	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	6.2	10	3.8
Children in Poverty (% of children)	+++++	11.0	5	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++++	-0.543	9	-1.107
Chlamydia (cases per 100,000 population)	+++++	357.3	9	233.3
Infectious Disease — Pertussis (cases per 100,000 population)	++++	3.7	18	0.4
Salmonella (cases per 100,000 population)	+++	17.0	29	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.4	2	2.0
Violent Crime (offenses per 100,000 population)	+++	377	28	124
Community & Environment Total*	+++++	0.205	3	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.425	2	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	62.0	4	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++++	51.4	3	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	90.4	9	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	96.7	4	96.7
Immunizations—Children (% of children aged 19 to 35 months)	4444	85.3	1	80.6
Public Health Funding (dollars per person)	James .	\$108	13	\$506
Uninsured (% of population)		2.7	1	27
Policy Total*	#4++	0.196	1	0.185
VIII 3 vare	•			V
Dentists (number per 100,000 population)	++++	80.7	. 1	88.5
Low Birthweight (% of live births)	++++	7.4	19	5.8
Mental Health Providers (number per 100,000 population)	++++	547.3	1	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	54.3	37	23.3
Primary Care Physicians (number per 100,000 population)	+++++	237.1	2	451.1
Clinical Care Total*	+++++	0.180	1	0.180
All Determinants*	Q_{4}	0.778	1	0.778
All Dotor Illination		0.770		0.770
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	183.6	18	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	208.3	3	189.7
Diabetes (% of adults)	++++	9.3	14	6.6
Disparity in Health Status (% difference by high school education)	+	30.4	41	8.1
Frequent Mental Distress (% of adults)	+++	11.9	26	8.3
Frequent Physical Distress (% of adults)	++++	10.8	12	8.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.4 5.070	2	4.2
Premature Death (years lost before age 75 per 100,000 population) All Outcomes*	+++++	5,970 0.138	6 9	5,555
OVERALL*	+++++	0.136	1	0.254 0.916
* Value indicates z score Negative scores are below ITS, value, positive scores a			ı	0.510

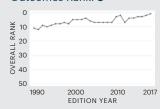
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: A 1 Determinants Rank: 1 Outcomes Rank: 9



Strengths:

- Low percentage of uninsured population
- Low prevalence of obesity Higher number of mental health oviders

nallenges:

- · High preventable hospitalization rate
- · High drug death rate
- · Large disparity in health status by educational attainment

Highlights:

- In the past five years, smoking decreased 25% from 18.2% to 13.6% of adults
- In the past five years, drug deaths increased 69% from 11.7 to 19.8 deaths per 100,000 population
- In the past five years, cancer deaths decreased 4% from 190.3 to 183.6 deaths per 100,000 population
- In the past two years, premature death increased 9% from 5,468 to 5,970 years lost before age 75 per 100,000 population
- In the past 10 years, air pollution decreased 41% from 10.5 to 6.2 micrograms of fine particles per cubic meter

Ranking:

Massachusetts is first this year; it was second in 2016. The state ranks sixth for senior health and first for the health of women and children.

State Health Department Website:

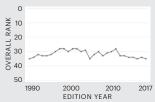
www.mass.gov/eohhs/gov/departments/

Michigan

OVERALL



Change: **▼1** Determinants Rank: 30 Outcomes Rank: 38



Strengths:

- · Higher number of primary care physicians
- · Low incidence of Salmonella
- · High meningococcal immunization coverage among adolescents

Challenges:

- · High prevalence of smoking
- · High cardiovascular death rate
- · High prevalence of frequent physical distress

Highlights:

- · In the past three years, drug deaths increased 29% from 13.9 to 18.0 deaths per 100,000 population
- · In the past five years, the percentage uninsured decreased 54% from 12.7% to 5.8% of the population
- In the past five years, diabetes increased 12% from 10.0% to 11.2% of adults
- · In the past year, Tdap immunization among adolescents increased 26% from 74.0% to 93.6% of adolescents aged
- · In the past four years, cardiovascular deaths increased 4% from 280.8 to 293.0 deaths per 100,000 population

Ranking:

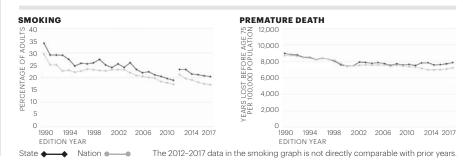
Michigan is 35th this year; it was 34th in 2016. The state ranks 27th for senior health and 32nd for the health of women and children.

State Health Department Website:

www.michigan.gov/mdhhs

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	18.0	35	5.7
Excessive Drinking (% of adults)	++	20.5	39	11.8
RATING High School Graduation (% of students)	++	79.8	36	90.8
Symbol Rank Observing (0) of adulta)	++	32.5	40	22.3
++++ 1-10 ODESITY (% of adults) ++++ 11-20 Physical Inactivity (% of adults)	+++	23.9	29	15.7
+++ 21-30 Thysical inactivity (% of addits)				
++ 31-40 + 41-50 Smoking (% of adults)	++	20.4	40	8.8
Behaviors Total*	+	-0.162	44	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.7	36	3.8
Children in Poverty (% of children)	+++	17.3	25	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.497	12	-1.107
Chlamydia (cases per 100,000 population)	+++	469.1	30	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	+++	4.8	25	0.4
Salmonella (cases per 100,000 population)	+++++	9.7	3	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.0	16	2.0
Violent Crime (offenses per 100,000 population)	++	459	38	124
Community & Environment Total*	+++	0.011	29	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.920	8	1.717
HPV Females (% of females aged 13 to 17 years)	++++	55.4	13	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	++	34.6	33	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	95.0	2	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	93.6	7	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.2	29	80.6
Public Health Funding (dollars per person)	+	\$62	41	\$506
Uninsured (% of population)	++++	5.8	11	2.7
Policy Total*	++++			0.185
Trolley lotal	****	0.062	18	0.163
Clinical Care				
Dentists (number per 100,000 population)	++++	61.5	17	88.5
Low Birthweight (% of live births)	++	8.5	32	5.8
Mental Health Providers (number per 100,000 population)				
	++++	234.8	20	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	55.4	39	23.3
Primary Care Physicians (number per 100,000 population)	+++++	193.0	6	451.1
Clinical Care Total*	+++	0.019	21	0.180
All Determinants*	+++	-0.071	30	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	201.5	38	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	293.0	42	189.7
Diabetes (% of adults)	++	11.2	33	6.6
Disparity in Health Status (% difference by high school education)	++++	25.6	18	8.1
Frequent Mental Distress (% of adults)	++	13.4	40	8.3
Frequent Physical Distress (% of adults)	+	14.1	41	8.2
Infant Mortality (deaths per 1,000 live births)	++	6.5	32	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	7,853	31	5,555
All Outcomes*	++	-0.136	38	0.254
OVERALL*	++	-0.206	35	0.916

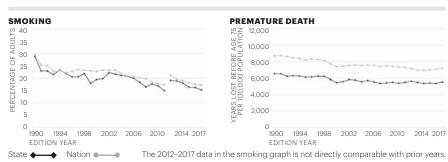
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7



Minnesota

	Rating	2017 Value	2017 Rank	No. 1 State
Behavior	s			
Drug Deaths (deaths per 100,000 population		9.9	6	5.7
Excessive Drinking (% of adults		22.9	48	11.8
RATING High School Graduation (% of students	,	81.9	32	90.8
+++++ 1-10 UDESITY (% OF adult)	*	27.8	17	22.3
+++ 21-30	,	18.0	5	15.7
++ 31–40 Smoking (% of adult	,	15.2	14 14	8.8
Behaviors Total	* ++++	0.085	14	0.295
Community & Environmen	t			
Air Pollution (micrograms of fine particles per cubic mete		7.5	20	3.8
Children in Poverty (% of children	*	12.5	9	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella	* +++	-0.020	25	-1.107
Chlamydia (cases per 100,000 population	1) ++++	389.3	12	233.3
Infectious Disease — Pertussis (cases per 100,000 population	1) ++	10.9	38	0.4
Salmonella (cases per 100,000 population	n) ++	17.7	33	9.3
Occupational Fatalities (deaths per 100,000 workers	3) +++++	2.8	4	2.0
Violent Crime (offenses per 100,000 population	1) +++++	243	9	124
Community & Environment Total	* +++++	0.163	10	0.324
Polic	N.			
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap		0.257	18	1.717
HPV Females (% of females aged 13 to 17 years		46.4	33	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years	*	42.0	17	68.7
Adolescents— Meningococcal (% of adolescents aged 13 to 17 years	,	85.2	21	96.4
Tdap (% of adolescents aged 13 to 17 years		89.7	18	96.7
Immunizations—Children (% of children aged 19 to 35 months		73.8	19	80.6
Public Health Funding (dollars per persor		\$73	33	\$506
Uninsured (% of population		4.3	4	27
Policy Total	* ++++	0.092	10	0.185
	,	> '		
Dontiste (sumbourger 100 000 m mulation		FOF	6 0	00.5
Dentists (number per 100 000 population Low Birthweight (% of live birth		59.5	20	88.5
Low Birthweight (% of live birth Mental Health Providers (number per 100,000 population		6.4 2 <u>16</u> .8	25	5.8
Preventable Hospitalizations (discharges per 1,000 Medicare enrollee		36.6	10	547.3 23.3
Primary Care Physicians (number per 100,000 population		162.3	14	451.1
Clinical Care Trysicians (number per 100,000 population		0.082	12	0.180
Offitical Case Fetal		0.002	12	0.100
All Determinants	* +++++	0.422	8	0.778
Outcom:		1000	11	1505
Cancer Deaths (deaths per 100,000 population		180.9	11	150.5
Cardiovascular Deaths (deaths per 100,000 population Diabetes (% of adult:		189./ 8.4	1 7	189.7
Disparity in Health Status (% difference by high school education		26.3	20	6.6 8.1
Frequent Mental Distress (% of adults		9.3	4	8.3
Frequent Physical Distress (% of adult	*	9.3	2	8.2
Infant Mortality (deaths per 1,000 live birth:	,	5.1	12	4.2
Premature Death (years lost before age 75 per 100,000 population	,	5,555	1	5,555
All Outcomes		0.254	1	0.254
OVERALL		0.676	6	0.916
* Value indicates 7 coors. Negative accres are below LIC value, positive accres	oro obovo II C	2 volue		

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

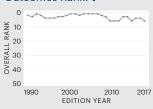


OVERALL





Change: **▼2** Determinants Rank: 8 Outcomes Rank: 1



Strengths:

- Low percentage of uninsured population
- · Low cardiovascular death rate ow percentage of children in poverty

Chailenges:

- High prevalence of excessive drinking
- High incidence of pertussis
- · Low per capita public health funding

Highlights:

- In the past year, diabetes increased 11% from 7.6% to 8.4% of adults
- In the past five years, the percentage uninsured decreased 55% from 9.5% to 4.3% of the population
- In the past three years, chlamydia increased 15% from 337.8 to 389.3 cases per 100,000 population
- · In the past five years, smoking decreased 20% from 19.1% to 15.2% of adults
- In the past 10 years, drug deaths increased 98% from 5.0 to 9.9 deaths per 100,000 population

Ranking:

Minnesota is sixth this year; it was fourth in 2016. The state ranks first for senior health and fifth for the health of women and children.

State Health Department Website:

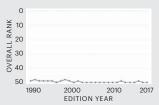
www.health.state.mn.us

Mississippi

OVERALL



Change: no change Determinants Rank: 50 Outcomes Rank: 48



Strengths:

- · Small disparity in health status by educational attainment
- · Low prevalence of excessive drinking
- · Low drug death rate

Challenges:

- · High prevalence of obesity
- High percentage of children in poverty
- High cardiovascular death rate

Highlights:

- · In the past five years, low birthweight decreased 6% from 12.1% to 11.4% of
- · In the past five years, children in pover increased 23% from 24.4% to 29.9%
- · In the past five years, infant mortality decreased 11% from 9.9 to 8.8 deaths per 1,000 live births
- · In the past year, drug deaths increased 5% from 11.0 to 11.5 deaths per 100,000 population
- · In the past five years, chlamydia decreased 20% from 721.8 to 580.2 cases per 100,000 population

Ranking:

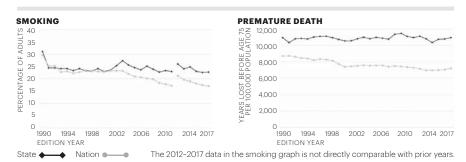
Mississippi is 50th this year; it was 50th in 2016. The state ranks 50th for senior health and 50th for the health of women and children.

State Health Department Website:

www.msdh.state.ms.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.5	8	5.7
Excessive Drinking (% of adults)	+++++	13.7	4	11.8
High School Graduation (% of students)	+	75.4	47	90.8
Symbol Rank 1-10 Obesity (% of adults)	+	37.3	49	22.3
++++ 11-20 Physical Inactivity (% of adults)	+	30.3	49	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+	22.7	46	8.8
Behaviors Total*	+	-0.268	49	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.5	20	3.8
Children in Poverty (% of children)	+	29.9	50	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+	0.660	45	-1.107
Chlamydia (cases per 100,000 population)	+	580.2	46	233.3
Infectious Disease — Pertussis (cases per 100,000 population)	+++++	0.4	1	0.4
Salmonella (cases per 100,000 population)	+	35.7	50	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	9.3	48	2.0
Violent Crime (offenses per 100,000 population)	++++	281	15	124
Community & Environment Total*	+	-0.108	44	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)	+	-1.647	50	1.717
HPV Females (% of females aged 13 to 17 years)	+	33.9	48	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+	24.5	48	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	57.4	49	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	82.0	47	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.4	27	80.6
Public Health Funding (dollars per person)	+++	\$77	30	\$506
Uninsured (% of population)	+	12.3	45	2.7
Policy Total*	+	-0.101	47	0.185
Clinical Care				
Dentists (number per 100,000 population)	+	42.2	49	88.5
Low Birthweight (% of live births)	+	11.4	50	5.8
Mental Health Providers (number per 100,000 population)	+	132.6	45	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	70.2	48	23.3
Primary Care Physicians (number per 100,000 population)	+	105.9	47	451.1
Clinical Care Total*	+	-0.230	50	0.180
All Determinants*	+	-0.705	50	0.778
Outcomes		0007	4.0	4505
Cancer Deaths (deaths per 100,000 population)	+	226.7	48	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	352.5	50	189.7
Diabetes (% of adults) Disparity in Health Status (% difference by high school education)	+	13.6	48	6.6
Disparity in Health Status (% difference by high school education) Frequent Mental Distress (% of adults)		19.9	5	8.1
Frequent Physical Distress (% of adults)	+	14.1	44	8.3 8.2
Infant Mortality (deaths per 1,000 live births)	+	14.8 8.8	45 50	6.2 4.2
Premature Death (years lost before age 75 per 100,000 population)	+	0.0	50	4.2 5,555
All Outcomes*	+	-0.331	48	0.254
OVERALL*	+	-1.036	50	0.234
VERALL	-			0.010

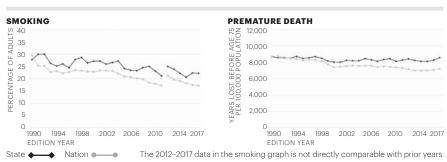
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



<u>Missouri</u>

	Rating	2017 Value	2017 Rank	No. 1 State
Behavior	s			
Drug Deaths (deaths per 100,000 population	1) +++	17.6	30	5.7
Excessive Drinking (% of adult	,	19.5	33	11.8
RATING High School Graduation (% of student	,	87.8	10	90.8
Symbol Rank +++++ 1-10 Obesity (% of adult	,	31.7	34	22.3
++++ 11-20 +++ 21-30 Physical Inactivity (% of adult	,	24.9	33	15.7
++ 31-40 + 41-50 Smoking (% of adult		22.1	43	8.8
Behaviors Total	* ++	-0.105	39	0.295
Community & Environmen				
Air Pollution (micrograms of fine particles per cubic mete	,	8.3	33	3.8
Children in Poverty (% of children	,	18.6	30	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>		-0.167	22	-1.107
Chlamydia (cases per 100,000 population	,	477.4	31	233.3
Infectious Disease — Pertussis (cases per 100,000 population	*	4.4	22	0.4
Salmonella (cases per 100,000 population	,	16.2	25	9.3
Occupational Fatalities (deaths per 100,000 worker Violent Crime (offenses per 100,000 population		4.8 519	29 43	2.0
· · · · · · · · · · · · · · · · · · ·	•	-0.036	35	
Community & Environment Total	***	-0.036	33	0.324
Polic			J.	
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap		-1.133	45	1.717
HPV Females (% of females aged 13 to 17 year		38.5	45	73.0
Addiscounts Till V Males (70 01 males aged 13 to 17 year	•	33.3	36	68.7
Wellingococcai (% of adolescents aged 15 to 17 year		66.2	47	96.4
Tdap (% of adolescents aged 13 to 17 year. Immunizations—Children (% of children aged 19 to 35 month.		83.9	42	9 6 .7 80.6
Public Health Funding (dollars per perso)	·	66.9 \$53	43 45	\$506
Uninsured (% of population			81	27
Policy Total		-0.069	42	0.185
Tolloys		0.003	72	GIOS
Vinc 9. Car	е	7	•	
Dentists (number per 100,000 population		48.5	4 1	88.5
Low Birthweight (% of live birth		8.3	29	5.8
Mental Health Providers (number per 100,000 population		171.5	36	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollee		56.6	40	23.3
Primary Care Physicians (number per 100,000 population		160.4	16	451.1
Clinical Care Total	* ++	-0.062	37	0.180
All Determinants		-0.273	41	0.778
Out				
Cancer Deaths (deaths per 100,000 population		209.0	41	150.5
Cardiovascular Deaths (deaths per 100,000 population		288.6	41	189.7
Diabetes (% of adult		11.5	37	6.6
Disparity in Health Status (% difference by high school education		25.5	16	8.1
Frequent Mental Distress (% of adult	•	13.2	38	8.3
Frequent Physical Distress (% of adult	,	13.5	38	8.2
Infant Mortality (deaths per 1,000 live birth	3) +++	6.3	30	4.2
Premature Death (years lost before age 75 per 100,000 population	,	8,558	40	5,555
All Outcomes	* ++	-0.148	40	0.254
OVERALL	* ++	-0.420	40	0.916
* Value indicates z score. Negative scores are below U.S. value; positive scores	are above U.S	S. value.		

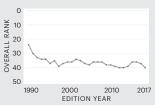
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: **▼3** Determinants Rank: 41 Outcomes Rank: 40



Strengths:

· High percentage of high school graduation mall disparity in health status by educational attainment Higher number of primary care physicians

Challenges:

- · High prevalence of smoking
- High violent crime rate
- · Lower number of dentists

Highlights:

- In the past five years, drug deaths increased 18% from 14.9 to 17.6 deaths per 100,000 population
- In the past five years, air pollution decreased 19% from 10.3 to 8.3 micrograms of fine particles per cubic meter
- In the past three years, low birthweight increased 8% from 7.7% to 8.3% of
- In the past 10 years, air pollution decreased 32% from 12.2 to 8.3 micrograms of fine particles per cubic meter
- · In the past two years, excessive drinking increased 21% from 16.1% to 19.5% of adults

Ranking:

Missouri is 40th this year; it was 37th in 2016. The state ranks 42nd for senior health and 35th for the health of women and children.

State Health Department Website:

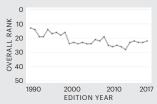
www.dhss.mo.gov

Montana

OVERALL



Change: A 1 Determinants Rank: 23 Outcomes Rank: 12



Strengths:

- Low levels of air pollution
- · Low prevalence of obesity
- · Low prevalence of diabetes

Challenges:

- Low immunization coverage among children
- · Lower number of primary care physicians
- · High prevalence of excessive drinking

Highlights:

- · In the past two years, violent crime increased 46% from 253 to 368 offen per 100,000 population
- · In the past five years, smoking decreased 16% from 22.1% to 18.5% of adults
- · In the past three years, chlamydia increased 7% from 383.4 to 408.8 cases per 100,000 population
- · In the past five years, children in poverty decreased 33% from 25.1% to 16.7% of children
- In the past year, obesity increased 8% from 23.6% to 25.5% of adults

Ranking:

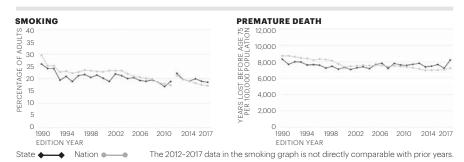
Montana is 22nd this year; it was 23rd in 2016. The state ranks 27th for senior health and 31st for the health of women and children.

State Health Department Website:

www.dphhs.mt.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	13.4	17	5.7
Excessive Drinking (% of adults)	+	20.7	44	11.8
RATING High School Graduation (% of students) Symbol Rank	++++	86.0	19	90.8
+++++ 1-10 UDESITY (% OT ADUITS)	+++++	25.5	6	22.3
+++ 21-30 Thysical mactivity (70 of adults)	+++++	19.9	10	15.7
++ 31-40 + 41-50 Smoking (% of adults) Behaviors Total*	++++	18.5 0.078	33 16	8.8 0.295
Deliaviors total		0.076	10	0.293
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	6.0	9	3.8
Children in Poverty (% of children)	+++	16.7	23	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.533	44	-1.107
Chlamydia (cases per 100,000 population)	++++	408.8	16	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	+	22.3	49	0.4
Salmonella (cases per 100,000 population)	++	18.9	34	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.6	38	2.0 124
Violent Crime (offenses per 100,000 population) Community Survivonment Total*	+++	368 0.064	25 23	0.324
Community of Edvironment Total	****	0.004	23	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.790	43	1.717
HPV Females (% of females aged 13 to 17 years)	++++	52.5	18	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years) Adolescents— Manis processed (% of red leg coults aged 13 to 17 years)	+	27.9	42	68.7
Wentingococcai (% of adolescents aged 13 to 17 years)	+	67.6	45	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	85.7	37	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	63.6	48	80.6
Public Health Funding (dollars per person)	++++	\$111	11	\$506
Uninsured (% of population) Policy Total*	++	9.9 -0.057	36 41	2.7 0.185
A vy olicy rotal	•	-0.037	41	0.100
Clinical Care				
Dentists (number per 100,000 population)	++++	60.5	19	88.5
Low Birthweight (% of live births)	++++	7.0	14	5.8
Mental Health Providers (number per 100,000 population)	++++	265.2	16	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	41.1	13	23.3
Primary Care Physicians (number per 100,000 population)	+	113.6	44	451.1
Clinical Care Total*	++++	0.031	19	0.180
All Determinants*	+++	0.115	23	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	183.5	17	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	231.8	17	189.7
Diabetes (% of adults)	+++++	8.1	5	6.6
Disparity in Health Status (% difference by high school education)	+++++	21.3	7	8.1
Frequent Mental Distress (% of adults)	++++	10.4	11	8.3
Frequent Physical Distress (% of adults)	+++	12.1	30	8.2
Infant Mortality (deaths per 1,000 live births)	++++	5.7	20	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,229	36	5,555
All Outcomes*	++++	0.118	12	0.254
OVERALL*	+++	0.233	22	0.916

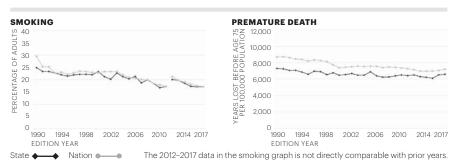
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Nebraska

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	6.7	2	5.7
Excessive Drinking (% of adults)	+	21.1	45	11.8
RATING Symbol Rank High School Graduation (% of students)	+++++	88.9	5	90.8
+++++ 1-10 Ubesity (% of adults)	++	32.0	37	22.3
+++ 21-30 Thysical mactivity (70 of addits)	++++	22.4	20	15.7
++ 31-40 + 41-50 Smoking (% of adults) Behaviors Total*	+++	17.0 0.060	23 19	8.8 0.295
benaviors total	*****	0.000	13	0.293
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.0	15	3.8
Children in Poverty (% of children)	++++	14.1	16	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+	0.443	42	-1.107
Chlamydia (cases per 100,000 population)	++++	422.9	19	233.3
Infectious Disease — Pertussis (cases per 100,000 population)	+	27.2	50	0.4
Salmonella (cases per 100,000 population)	+++	16.3	26	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.0	31	2.0
Violent Crime (offenses per 100,000 population)	++++	291	16	124
Community & Environment Total*	++++	0.096	18	0.324
Policy			KO	
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.072	24	1.717
HPV Females (% of females aged 13 to 17 years)	+++	50.6	22	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	++++	41.3	20	68.7
Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	+++	80.2	26	96.4
Tdap (% of adolescents aged 13 to 17 years)	++ (86.8	34	96.7
Immunizations—Children (% of children aged 19 to 35 months)	(17)	80.6	2	80.6
Public Health Funding (dollars per person)	144	\$95	20 2 5	\$506
Uninsured (% of population) Policy Total*	-23 1.	8.4 0.060	19	0.185
Folicy total	4	0.000	13	0.103
CV/IIC 3. Care		Y		
Dentists (number per 100,000 population)	++++	65.1	1 13	88.5
Low Birthweight (% of live births)	++++	7.1	16	5.8
Mental Health Providers (number per 100,000 population)	++	233.0	21	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	48.3	24	23.3
Primary Care Physicians (number per 100,000 population)	++++	150.7	19	451.1
Clinical Care Total*	++++	0.045	18	0.180
All Determinants*	Q_{i}	0.260	16	0.778
All Determinants		0.200	10	0.776
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	187.3	20	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	232.2	20	189.7
Diabetes (% of adults)	+++++	8.8	10	6.6
Disparity in Health Status (% difference by high school education)	++	29.3	36	8.1
Frequent Mental Distress (% of adults)	+++++	9.5	5	8.3
Frequent Physical Distress (% of adults)	+++++	9.8	6	8.2
Infant Mortality (deaths per 1,000 live births)	++++	5.4 6.502	19 17	4.2
Premature Death (years lost before age 75 per 100,000 population) All Outcomes*	++++	6,592 0.142	17 8	5,555 0.254
OVERALL*	++++	0.403	13	0.234
* Value indicates 7 coors. Negative coorse are below U.S. value, positive coorse at	o obovo III	0.400	.0	0.010

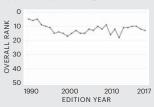
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: **▼1** Determinants Rank: 16 Outcomes Rank: 8



Strengths:

 High immunization coverage among children ow drug death rate

Low prevalence of frequent mental distress

Challenges:

- · High incidence of pertussis
- · High prevalence of excessive drinking
- · Large disparity in health status by educational attainment

Highlights:

- In the past three years, drug deaths decreased 8% from 7.3 to 6.7 deaths per 100,000 population
- In the past two years, low birthweight increased 11% from 6.4% to 7.1% of
- In the past five years, smoking decreased 15% from 20.0% to 17.0% of adults
- In the past five years, obesity increased 13% from 28.4% to 32.0% of adults
- In the past five years, air pollution decreased 15% from 8.2 to 7.0 micrograms of fine particles per cubic meter

Ranking:

Nebraska is 13th this year; it was 12th in 2016. The state ranks 24th for senior health and 17th for the health of women and children.

State Health Department Website:

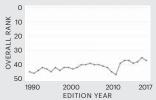
www.dhhs.ne.gov/

Nevada

OVERALL



Change: **▼2** Determinants Rank: 35 Outcomes Rank: 35



Strengths:

- · Low percentage of children in poverty
- · Low prevalence of obesity
- Low incidence of Salmonella

Challenges:

- · High violent crime rate
- · High percentage of uninsured population
- · Lower number of primary care physicians

Highlights:

- · In the past five years, children in pover decreased 45% from 20.6% to 11.4% of children
- · In the past four years, cardiovascular deaths increased 6% from 268.8 to 285.0 deaths per 100,000 population
- · In the past five years, the percentage uninsured decreased 46% from 22.0% to 11.9% of the population
- In the past two years, low birthweight increased 6% from 8.0% to 8.5% of live births
- · In the past five years, smoking decreased 28% from 22.9% to 16.5% of adults

Ranking:

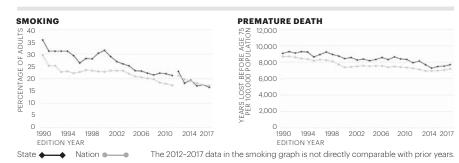
Nevada is 37th this year; it was 35th in 2016. The state ranks 40th for senior health and 47th for the health of women and children.

State Health Department Website:

dhhs.nv.gov/

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	20.8	42	5.7
Excessive Drinking (% of adults)	++++	17.6	20	11.8
RATING High School Graduation (% of students)	+	71.3	49	90.8
+++++ 1-10 UDESITY (% OF adults)	+++++	25.8	8	22.3
++++ 11-20 Physical Inactivity (% of adults)	++	24.7	32	15.7
++ 31-40 + 41-50 Smoking (% of adults)	++++	16.5	20	8.8
Behaviors Total*	++	-0.046	32	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.1	43	3.8
Children in Poverty (% of children)	+++++	11.4	6	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++++	-0.597	8	-1.107
Chlamydia (cases per 100,000 population)	+++	455.3	27	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	++++	3.9	19	0.4
Salmonella (cases per 100,000 population)	+++++	9.6	2	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.7	27	2.0
Violent Crime (offenses per 100,000 population) Community Converses Provincement Total*	+	678 -0.022	48 32	124
Community & Environment Total	***	-0.022	32	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.318	33	1.717
HPV Females (% of females aged 13 to 17 years)	++	43.0	39	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++	37.0	26	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	78.7	29	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	87.1	32	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	71.9	24	80.6
Public Health Funding (dollars per person)	+	\$41	50	\$506
Uninsured (% of population) Policy Total*	+	11.9 -0.071	44 43	2.7 0.185
A spolicy lotal	•	-0.071	43	0.165
Clinical Care				
Dentists (number per 100,000 population)	+++	52.9	29	88.5
Low Birthweight (% of live births)	++	8.5	32	5.8
Mental Health Providers (number per 100,000 population)	+++	190.7	30	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	42.2	14	23.3
Primary Care Physicians (number per 100,000 population) Clinical Care Total*	+	107.9 -0.057	46	451.1
Clinical Care Total	++	-0.057	35	0.180
All Determinants*	++	-0.195	35	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	189.7	23	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	285.0	40	189.7
Diabetes (% of adults)	++	11.1	31	6.6
Disparity in Health Status (% difference by high school education)	+++	26.6	22	8.1
Frequent Mental Distress (% of adults)	+	14.2	45	8.3
Frequent Physical Distress (% of adults)	++	14.0	40	8.2
Infant Mortality (deaths per 1,000 live births)	++++	5.3	18	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,729	30	5,555
All Outcomes*	++	-0.090	35	0.254
OVERALL*	++	-0.285	37	0.916

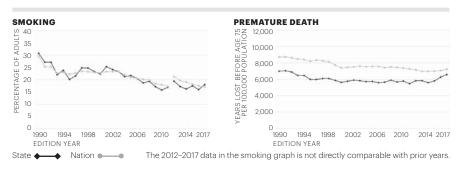
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



New Hampshire

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	24.4	45	5.7
Excessive Drinking (% of adults)	++	20.1	35	11.8
RATING Symbol Rank High School Graduation (% of students)	+++++	88.1	7	90.8
+++++ 1-10 UDESITY (% OT adults)	+++++	26.6	10	22.3
+++ 21-30 Thysical mactivity (70 of adults)	++++	19.3 18.0	8	15.7
++ 31-40 + 41-50 Smoking (% of adults) Behaviors Total*	++++	0.053	30 20	8.8 0.295
Deliaviors local		0.000	20	0.293
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.9	6	3.8
Children in Poverty (% of children)	+++++	7.6	1	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++++	-1.063	2	-1.107
Chlamydia (cases per 100,000 population)	+++++	233.3	1	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	++++	3.1	13	0.4
Salmonella (cases per 100,000 population)	++++	13.0	15	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.1	6	2.0
Violent Crime (offenses per 100,000 population)	+++++	198	3	124
Community & Environment Total*	*****	0.324	1	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.040	4	1.717
HPV Females (% of females aged 13 to 17 years)	++++	56.5	12	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++++	46.3	8	68.7
Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	++++	0.88	13	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	95.3	3	96.7
Immunizations—Children (% of children aged 19 to 35 months)	(17)	78.0	5	80.6
Public Health Funding (dollars per person)		\$71	36	\$506
Uninsured (% of population) Policy To al*	7)**	6.1 0.102	14 7	0.185
Folicy Ibiai	2111	0.102		0.103
Ning are				
Dentists (number per 100,009 population)	++++	63.4	1 5	88.5
Low Birthweight (% of live births)	++++	6.9	12	5.8
Mental Health Providers (number per 100,000 population)	++++	273.8	15	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	47.1	22	23.3
Primary Care Physicians (number per 100,000 population)	++++	160.6	15	451.1
Clinical Care Total*	++++	0.068	14	0.180
All Determinants*	Q_{ij}	0.547	5	0.770
All Determinants	w	0.547	5	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	188.1	22	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	217.0	7	189.7
Diabetes (% of adults)	++++	9.0	12	6.6
Disparity in Health Status (% difference by high school education)	+	32.9	45	8.1
Frequent Mental Distress (% of adults)	++	12.7	33	8.3
Frequent Physical Distress (% of adults)	+++	11.9	26	8.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.2	1	4.2
Premature Death (years lost before age 75 per 100,000 population) All Outcomes*	++++	6,572 0.075	16 20	5,555
OVERALL*	+++++	0.075	20 8	0.254
*Value indicates a coore Marchine account in Indicate a result.		0.022	O	0.810

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

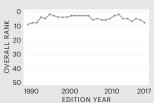


OVERALL





Change: **▼2** Determinants Rank: 5 Outcomes Rank: 20



Strengths:

- Low percentage of children in poverty
- Low violent crime rate ow infant mortality rate

Chailenges:

- High drug death rate
- · Large disparity in health status by educational attainment
- · High prevalence of excessive drinking

Highlights:

- In the past year, excessive drinking increased 9% from 18.4% to 20.1% of adults
- In the past three years, children in poverty decreased 44% from 13.5% to 7.6% of children
- In the past five years, drug deaths increased 118% from 11.2 to 24.4 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 46% from 11.3% to 6.1% of the population
- In the past five years, premature death increased 13% from 5,840 to 6,572 years lost before age 75 per 100,000 population

Ranking:

New Hampshire is eighth this year; it was sixth in 2016. The state ranks fifth for senior health and third for the health of women and children.

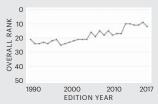
State Health Department Website:

www.dhhs.state.nh.us

New Jersey



Change: **▼3** Determinants Rank: 12 Outcomes Rank: 18



Strengths:

- · Low infant mortality rate
- · Higher number of dentists
- · Low prevalence of smoking

Challenges:

- · High prevalence of physical inactivity
- · Large disparity in health status by educational attainment
- · Low per capita public health funding

Highlights:

- · In the past two years, chlamydia increased 10% from 319.6 to 350.6 cg per 100,000 population
- In the past 15 years, violent crime decreased 36% from 384 to 245 offenses per 100,000 population
- In the past five years, physical inactivity increased 13% from 26.4% to 29.8% of adults
- In the past seven years, premature death decreased 5% from 6,152 to 5,875 years lost before age 75 per 100,000 population
- In the past 10 years, drug deaths increased 83% from 8.1 to 14.8 deaths per 100,000 population

Ranking:

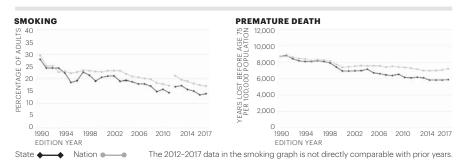
New Jersey is 12th this year; it was ninth in 2016. The state ranks 20th for senior health and 19th for the health of women and children.

State Health Department Website:

www.state.nj.us/health

	Rating	2017 Value	2017 Rank	No.1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	14.8	24	5.7
Excessive Drinking (% of adults)	++++	17.1	13	11.8
High School Graduation (% of students)	+++++	89.7	2	90.8
Symbol Rank +++++ 1-10 Obesity (% of adults)	++++	27.3	13	22.3
+++ 11-20 Physical Inactivity (% of adults)	+	29.8	46	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+++++	14.0	8	8.8
Behaviors Total*	+++++	0.151	6	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.5	34	3.8
Children in Poverty (% of children)	+++++	12.7	10	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++++	-0.683	5	-1.107
Chlamydia (cases per 100,000 population)	+++++	350.6	8	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	+++	5.5	28	0.4
Salmonella (cases per 100,000 population)	++++	12.8	14	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.7	9	2.0
Violent Crime (offenses per 100,000 population)	++++	245	12	124
Community & Environment Total*	++++	0.149	12	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.452	15	1.717
HPV Females (% of females aged 13 to 17 years)	+++	50.1	24	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++	35.8	29	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	91.7	6	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	89.9	17	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.2	29	80.6
Public Health Funding (dollars per person)	++	\$65	39	\$506
Uninsured (% of population)	+++	8.4	25	2.7
Policy Total*	+++	0.009	26	0.185
Clinical Care		007		005
Dentists (number per 100,000 population)	+++++	80.7	1	88.5
Low Birthweight (% of live births)	+++	8.1	26	5.8
Mental Health Providers (number per 100,000 population)	++	188.9	31	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	49.6	29	23.3
Primary Care Physicians (number per 100,000 population) Clinical Care Total*	****	171.1	12	451.1
Clinical Care Total	++++	0.065	15	0.180
All Determinants*	++++	0.375	12	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	182.2	15	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	245.4	27	189.7
Diabetes (% of adults)	++++	9.2	13	6.6
Disparity in Health Status (% difference by high school education)	+	33.0	46	8.1
Frequent Mental Distress (% of adults)	++++	10.7	16	8.3
Frequent Physical Distress (% of adults)	+++	12.0	27	8.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.6	5	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,875	5	5,555
All Outcomes*	++++	0.095	18	0.254
OVERALL*	++++	0.469	12	0.916

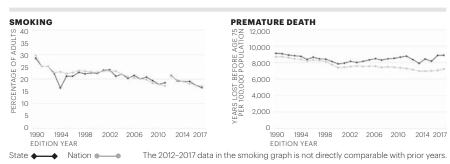
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



New Mexico

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	24.9	47	5.7
Excessive Drinking (% of adults)	++++	16.6	11	11.8
RATING High School Graduation (% of students) Symbol Rank	+	68.6	50	90.8
+++++ 11-20 Physical Inactivity (% of adults)	++++	28.3 20.3	18 14	22.3 15.7
+++ 21-30 ++ 31-40 Smoking (% of adults)	+++	16.6	21	8.8
+ 41-50 Behaviors Total*	++	-0.065	36	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.7	5	3.8
Children in Poverty (% of children)	+	22.4	43	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.890	49	-1.107
Chlamydia (cases per 100,000 population) Infectious Disease—Pertussis (cases per 100,000 population)	+	605.7 11.6	47 39	233.3
Salmonella (cases per 100,000 population)	++	21.5	40	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	6.9	43	2.0
Violent Crime (offenses per 100,000 population)	+	703	49	124
Community & Environment Total*	+	-0.128	47	0.324
			_	
Policy		0.450		
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.452	38	1.717
Immunizations— HPV Females (% of females aged 13 to 17 years) HPV Males (% of males aged 13 to 17 years)	+++	49.0	2 6 26	73.0
Adolescents Meningococcal (% of adolescents aged 13 to 17 years)	+++	37.0 77.8	3Q»	68.7 96.4
Tdap (% of adolescents aged 13 to 17 years)	++ 0	84.3	40	96.7
Immunizations—Children (% of children aged 19 to 35 months)	ff	68.5	36	80.6
Public Health Funding (dollars per person)	بانياب	\$126	9	\$506
Uninsured (% of population)	4	10.1	87	27
Policy Total*	-def (c	-0.021	31	0.185
		\		V
Dentists (number per 100,000 population)	A	51.4	6 5	88.5
Low Birthweight (% of live births)	++	8.7	38	5.8
Mental Health Providers (number per 100,000 population)	+++++	369.4	17	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare empllees)	++++	39.5	12	23.3
Primary Care Physicians (number per 100,000 population)	+++	136.6	28	451.1
Clinical Care Total*	+++	0.018	22	0.180
		0.400	0.0	
All Determinants*	· (U	-0.196	36	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	169.0	4	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	219.2	10	189.7
Diabetes (% of adults)	++	11.6	39	6.6
Disparity in Health Status (% difference by high school education)	+	33.0	46	8.1
Frequent Mental Distress (% of adults)	+++	12.5	30	8.3
Frequent Physical Distress (% of adults)	+	14.4	43	8.2
Infant Mortality (deaths per 1,000 live births)	++++	5.2	15 41	4.2
Premature Death (years lost before age 75 per 100,000 population) All Outcomes*	+	8,913 -0.049	41 32	5,555 0.254
OVERALL*	++	-0.049	36	0.234
* Value indicates = access Negative access are below UC value accitive access	ro obovo III	C.Z.10	50	, 0.010

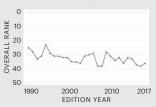
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: A 2 Determinants Rank: 36 Outcomes Rank: 32



Strengths:

- Low levels of air pollution
- r number of mental health
- cancer death rate

nallenges:

- High violent crime rate
- · High percentage of children in poverty
- · High drug death rate

Highlights:

- In the past two years, excessive drinking increased 10% from 15.1% to 16.6% of
- In the past five years, the percentage uninsured decreased 51% from 20.5% to 10.1% of the population
- In the past three years, violent crime increased 26% from 559 to 703 offenses per 100,000 population
- In the past five years, children in poverty decreased 29% from 31.7% to 22.4% of
- In the past 10 years, drug deaths increased 32% from 18.8 to 24.9 deaths per 100,000 population

Ranking:

New Mexico is 36th this year; it was 38th in 2016. The state ranks 34th for senior health and 37th for the health of women and children.

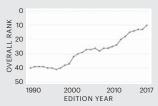
State Health Department Website: nmhealth.org/

New York

OVERALL



Change: **A** 3 Determinants Rank: 10 Outcomes Rank: 16



Strengths:

- · Low prevalence of obesity
- · Higher number of primary care physicians
- · Low premature death rate

Challenges:

- · High prevalence of physical inactivity
- · High incidence of chlamydia
- · Large disparity in health status by educational attainment

Highlights:

- · In the past five years, low birthweight decreased 5% from 8.2% to 7.8% of live births
- In the past five years, drug deaths increased 49% from 8.2 to 12.2 deaths per 100,000 population
- · In the past five years, cardiovascular deaths decreased 6% from 274.9 to 257.6 deaths per 100,000 population
- In the past year, diabetes increased 7% from 9.8% to 10.5% of adults
- In the past 10 years, premature death decreased 10% from 6,350 to 5,701 years lost before age 75 per 100,000 population

Ranking:

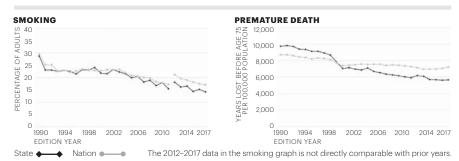
New York is 10th this year; it was 13th in 2016. The state ranks 21st for senior health and 20th for the health of women and children.

State Health Department Website:

www.health.state.ny.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	12.2	13	5.7
Excessive Drinking (% of adults)	+++	18.8	29	11.8
RATING High School Graduation (% of students) Symbol Rank	++	79.2	38	90.8
+++++ 1-10 UDESITY (% OT ADUITS)	+++++	25.5	6	22.3
++++ 11-20 Physical Inactivity (% of adults)	++	26.3	36	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+++++	14.2	9	8.8
Behaviors Total*	++++	0.087	13	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.2	16	3.8
Children in Poverty (% of children)	+++	17.6	26	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	++++	-0.213	18	-1.107
Chlamydia (cases per 100,000 population)	++	524.7	39	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	+++	5.3	27	0.4
Salmonella (cases per 100,000 population)	+++++	11.3	7	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.0	1	2.0
Violent Crime (offenses per 100,000 population)	+++	376	27	124
Community & Environment Total*	++++	0.096	18	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdan)*	+++++	0.918	9	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	61.3	6	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++++	50.3	4	68.7
Adolescents Meningococcal (% of adolescents aged 13 to 17 years)	+++++	89.2	10	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	91.1	13	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	72.3	22	80.6
Public Health Funding (dollars per person)	+++++	\$153	5	\$506
Uninsured (% of population)	++++	6.6	18	2.7
Policy Total	+++++	0.101	8	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++++	73.5	7	88.5
Low Birthweight (% of live births)	+++	7.8	21	5.8
Mental Health Providers (number per 100,000 population)	++++	259.2	17	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	46.8	21	23.3
Primary Care Physicians (number per 100,000 population)	+++++	215.5	3	451.1
Clinical Care Total*	+++++	0.118	9	0.180
All Determinants*	+++++	0.402	10	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	178.2	9	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	257.6	32	189.7
Diabetes (% of adults)	+++	10.5	25	6.6
Disparity in Health Status (% difference by high school education)	++	30.0	39	8.1
Frequent Mental Distress (% of adults)	++++	10.6	12	8.3
Frequent Physical Distress (% of adults)	++++	11.3	19	8.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.6	5	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,701	3	5,555
All Outcomes*	++++	0.104	16	0.254
OVERALL*	+++++	0.507	10	0.916

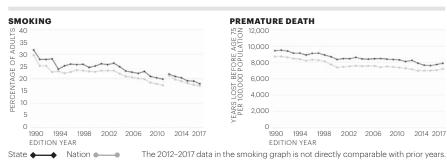
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



North Carolina

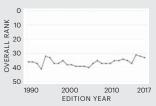
	Ratin	2017 g Value	2017 Rank	No. 1 State
Beha	aviors			
Drug Deaths (deaths per 100,000 pop			19	5.7
Excessive Drinking (% of		+ 16.7	12	11.8
RATING High School Graduation (% of st	tudents) +++	85.6	22	90.8
Symbol Rank +++++ 1–10 Obesity (% of	f adults) ++	31.8	35	22.3
++++ 11-20 +++ 21-30 Physical Inactivity (% of	f adults) +++	23.3	26	15.7
++ 31-40 Smoking (% of	f adults) +++	17.9	28	8.8
+ 41-50 Behaviors	Total* +++	0.011	26	0.295
Community & Environ	ment			
Air Pollution (micrograms of fine particles per cubic		7.8	25	3.8
Children in Poverty (% of c	,	19.3	35	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salm</i>	,	0.830	48	-1.107
Chlamydia (cases per 100,000 pop	,	647.4	48	233.3
Infectious Disease—Pertussis (cases per 100,000 pop		4.4	22	0.4
Salmonella (cases per 100,000 pop	,	25.3	43	9.3
Occupational Fatalities (deaths per 100,000 v	,		10	2.0
Violent Crime (offenses per 100,000 pop		372	26	124
Community & Environment	,	-0.015	31	0.324
	iotai .	0.010		0.024
	Policy		Ke	
Immunizations—Adolescents (mean z score of HPV, meningococcal and	. ,	-0.217	31	1.717
HPV Females (% of females aged 13 to 13 mmunizations—		46.9	30	73.0
Adalasants	, ,	35.7	30	68.7
INTERININGUESCE (1/8 OF AUDIESCE ITS AGENTS TO TA		75.7	36	96.4
Tdap (% of adolescents aged 13 to 13		89.1	25	96.7
Immunizations—Children (% of children aged 19 to 35 i		77.8	6	80.6
Public Health Funding (dollars per		\$56	42	\$506
Uninsured (% of pop		10.8	41	27
Policy	Total, +++	-0.015	30	0.185
SV no s	are			
Dentists (number per 100,000 per	oulation)	51.2	3 6	88.5
Low Birthweight (% of live		9.1	41	5.8
Mental Health Providers (number per 100,000 pop		219.1	24	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare er		49.0	26	23.3
Primary Care Physicians (number per 100,000 pop		130.9	34	451.1
Clinical Care	Total* ++	-0.066	38	0.180
All Determin	ante* Q	-0.084	31	0.778
All Determin	lailts	-0.064	31	0.776
Outc	omes			
Cancer Deaths (deaths per 100,000 por	oulation) ++	196.9	32	150.5
Cardiovascular Deaths (deaths per 100,000 pop	<i>-</i>	254.3	30	189.7
Diabetes (% of		11.3	35	6.6
Disparity in Health Status (% difference by high school ed		30.3	40	8.1
Frequent Mental Distress (% of		12.1	28	8.3
Frequent Physical Distress (% of	,	12.0	27	8.2
Infant Mortality (deaths per 1,000 live	,	7.2	42	4.2
Premature Death (years lost before age 75 per 100,000 pop		7,889	33	5,555
All Outco		-0.094	36	0.254
OVE	RALL* ++	-0.178	33	0.916
* Value indicates z score. Negative scores are below U.S. value; positive	scores are above	e U.S. value.		

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.





Change: **▼1** Determinants Rank: 31 Outcomes Rank: 36



Strengths:

- High immunization coverage among children
 - w occupational fatality rate prevalence of excessive drinking

nallenges:

- · High infant mortality rate
- · High percentage of uninsured
- · High incidence of chlamydia

Highlights:

- In the past year, chlamydia increased 35% from 478.7 to 647.4 cases per 100,000 population
- In the past three years, children in poverty decreased 28% from 26.8% to 19.3% of children
- In the past five years, drug deaths increased 14% from 12.3 to 14.0 deaths per 100,000 population
- In the past 10 years, air pollution decreased 40% from 13.0 to 7.8 micrograms of fine particles per cubic meter
- In the past three years, excessive drinking increased 18% from 14.1% to 16.7% of adults

Ranking:

North Carolina is 33rd this year; it was 32nd in 2016. The state ranks 32nd for senior health and 30th for the health of women and children.

State Health Department Website:

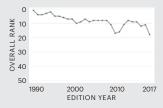
https://www.ncdhhs.gov/

North Dakota

OVERALL



Change: **▼7** Determinants Rank: 22 Outcomes Rank: 5



Strengths:

- · Low levels of air pollution
- Low drug death rate
- · Low prevalence of frequent physical distress

Challenges:

- · High prevalence of excessive drinking
- High occupational fatality rate
- Low immunization coverage among children

Highlights:

- In the past year, smoking increased 6 from 18.7% to 19.8% of adults
- · In the past year, chlamydia decreased 10% from 477.1 to 427.2 cases per 100,000 population
- In the past three years, drug deaths increased 90% from 3.0 to 5.7 deaths per 100,000 population
- In the past five years, air pollution decreased 25% from 5.6 to 4.2 micrograms of fine particles per cubic meter
- · In the past five years, obesity increased 15% from 27.8% to 31.9% of adults

Ranking:

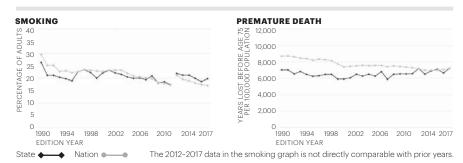
North Dakota is 18th this year; it was 11th in 2016. The state ranks 18th for senior health and 13th for the health of women and children.

State Health Department Website:

www.ndhealth.gov

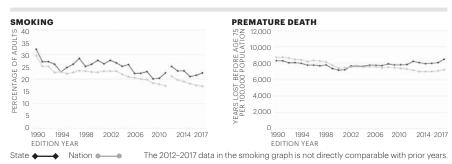
	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	5.7	1	5.7
Excessive Drinking (% of adults)	+	25.9	49	11.8
RATING High School Graduation (% of students)	++++	86.6	17	90.8
Symbol Rank +++++ 1-10 Obesity (% of adults)	++	31.9	36	22.3
++++ 11-20 +++ 21-30 Physical Inactivity (% of adults)	++++	22.2	19	15.7
++ 31-40 Smoking (% of adults)	++	19.8	37	8.8
Behaviors Total*	++	-0.047	33	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	4.2	2	3.8
Children in Poverty (% of children)	++++	15.1	17	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++	-0.107	24	-1.107
Chlamydia (cases per 100,000 population)	+++	427.2	22	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	++	5.7	32	0.4
Salmonella (cases per 100,000 population)	++	19.2	35	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	9.5	49	2.0
Violent Crime (offenses per 100,000 population)	++++	251	13	124
Community & Environment Total*	++++	0.134	14	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.980	6	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	60.2	7	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++++	45.5	9	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	92.0	5	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	92.0	9	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	68.2	37	80.6
Public Health Funding (dollars per person)	+++++	\$154	4	\$506
Uninsured (% of population)	+++	7.4	21	2.7
Policy Total*	++++	0.070	14	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++	55.4	24	88.5
Low Birthweight (% of live births)	+++++	6.2	3	5.8
Mental Health Providers (number per 100,000 population)	++	165.4	37	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	49.1	27	23.3
Primary Care Physicians (number per 100,000 population)	+++	140.5	25	451.1
Clinical Care Total*	+++	0.008	25	0.180
All Determinants*	+++	0.166	22	0.778
		0.100		0.770
Outcomes		470	4.5	4565
Cancer Deaths (deaths per 100,000 population)	+++++	179.6	10	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	228.7	13	189.7
Diabetes (% of adults)	+++++	8.6	9	6.6
Disparity in Health Status (% difference by high school education) Frequent Mental Distress (% of adults)	+++	27.0	24	8.1
Frequent Physical Distress (% of adults) Frequent Physical Distress (% of adults)	+++++	9.0	2	8.3 8.2
Infant Mortality (deaths per 1,000 live births)	+++	8.9 6.1	1 27	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,225	24	5,555
All Outcomes*	+++++	0.166	5	0.254
OVERALL*	++++	0.332	18	0.234
* Value in director = conve. Negotive operator are helevy LIC value, positive operator	a abaya IIC	· volue		, 3.5.5

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7



	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population) Excessive Drinking (% of adults) High School Graduation (% of students)	+ +++ ++	24.5 19.1 80.7	46 30 34	5.7 11.8 90.8
Symbol Rank +++++ 1–10 Obesity (% of adults)	++	31.5	32	22.3
++++ 11-20 +++ 21-30 ++ 31-40 Physical Inactivity (% of adults) Smoking (% of adults)	++	25.9 22.5	35 45	15.7 8.8
++ 31-40 + 41-50 Smoking (% of adults)	+	-0.212	46	0.0
Community & Environment			4.5	
Air Pollution (micrograms of fine particles per cubic meter) Children in Poverty (% of children)	+	9.6 21.6	45 40	3.8 7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.210	20	-1.107
Chlamydia (cases per 100,000 population)	++	489.3	35	233.3
Infectious Disease — Pertussis (cases per 100,000 population)	++	7.1	34	0.4
Salmonella (cases per 100,000 population) Occupational Fatalities (deaths per 100,000 workers)	++++	11.7 4.3	9 22	9.3 2.0
Violent Crime (offenses per 100,000 population)	++++	300	18	124
Community & Environment Total*	++	-0.024	33	0.324
2.0			-6	
Policy Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*		0.060	20	1717
HPV Females (% of females aged 13 to 17 years)	++++	42.5	40	1.717 73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++	41.1	21	68.7
Adolescents— Meningococcal (% of adolescents aged 13 to 17 years)	+++	79.6	28	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	90.8	16	96.7
Immunizations—Children (% of children aged 19 to 35 months) Public Health Funding (dollars per per son)	(2)	68.0 \$53	38 45	80.6 \$506
Uninsured (% of population)	++++	61	14	27
Policy Total*	444	0.020	24	0.185
		\		V
Dentists (number per 100,000 population)	A	52.0	3 3	88.5
Low Birthweight (% of live births)	4+	8.5	32	5.8
Mental Health Providers (number per 100,000 population)	+	182.5	32	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare emollees)	+	57.0	42	23.3
Primary Care Physicians (number per 100,000 population) Clinical Care Total*	*****	167.3	13	451.1
Clinical Cate Iotal	***	-0.050	34	0.180
All Determinants*	(A)	-0.266	40	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	208.7	40	150.5
Cardiovascular Deaths (deaths per 100,000 population) Diabetes (% of adults)	++	283.6 11.1	39 31	189.7
Disparity in Health Status (% difference by high school education)	++++	26.2	19	6.6 8.1
Frequent Mental Distress (% of adults)	++	12.9	35	8.3
Frequent Physical Distress (% of adults)	++	12.9	34	8.2
Infant Mortality (deaths per 1,000 live births)	++	7.0	40	4.2
Premature Death (years lost before age 75 per 100,000 population) All Outcomes*	++	8,492 -0.144	39 39	5,555 0.254
OVERALL*	++	-0.144	39 39	0.254
* Value indicates 3 access Negative access are helpful IC value registive access	ro obovo III	o		, 0.010

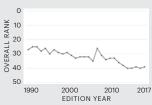
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: A 1 Determinants Rank: 40 Outcomes Rank: 39



Strengths:

- centage of uninsured population
- er number of primary care
- nvsiolans incidence of Salmonella

nallenges:

- High prevalence of smoking
- High levels of air pollution
- · High drug death rate

Highlights:

- In the past five years, drug deaths increased 75% from 14.0 to 24.5 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 55% from 13.7% to 6.1% of the population
- · In the past four years, cardiovascular deaths increased 5% from 270.7 to 283.6 deaths per 100,000 population
- In the past two years, Tdap immunization among adolescents increased 9% from 83.0% to 90.8% of adolescents aged 13 to 17
- In the past two years, smoking increased 7% from 21.0% to 22.5% of adults

Ranking:

Ohio is 39th this year; it was 40th in 2016. The state ranks 35th for senior health and 33rd for the health of women and children.

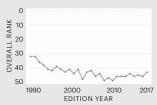
State Health Department Website:

www.odh.ohio.gov

Oklahoma

OVERALL

Change: **A** 3 Determinants Rank: 43 Outcomes Rank: 45



Strengths:

- · Small disparity in health status by educational attainment
- · Low prevalence of excessive drinking
- Higher number of mental health providers

Challenges:

- · High percentage of uninsured population
- · High cardiovascular death rate
- · High infant mortality rate

Highlights:

- · In the past four years, low birthweig decreased 7% from 8.5% to 7.9% of live births
- In the past year, immunizations among children decreased 11% from 75.4% to 67.0% of children aged 19 to 35 months
- · In the past five years, smoking decreased 25% from 26.1% to 19.6% of adults
- · In the past two years, cardiovascular deaths increased 4% from 322.5 to 335.2 deaths per 100,000 population
- · In the past five years, excessive drinking decreased 26% from 17.3% to 12.8% of adults

Ranking:

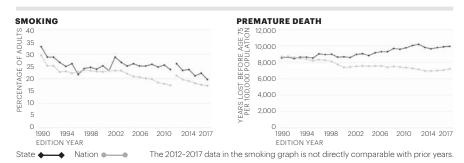
Oklahoma is 43rd this year; it was 46th in 2016. The state ranks 48th for senior health and 46th for the health of women and children.

State Health Department Website:

www.ok.gov/health

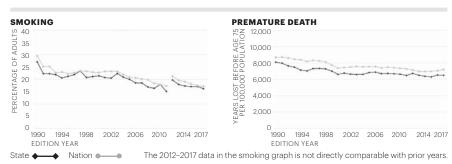
	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Behaviors Drug Deaths (deaths per 100,000 population) Excessive Drinking (% of adults) High School Graduation (% of students) High School Graduation (% of students) Obesity (% of adults) High School Graduation (% of students) Obesity (% of adults) Physical Inactivity (% of adults) Smoking (% of adults) Behaviors Total* Community & Environment Air Pollution (micrograms of fine particles per cubic meter)	+ +++++ +++ + ++ ++	20.3 12.8 82.5 32.8 28.5 19.6 -0.094	41 2 30 42 41 36 37	5.7 11.8 90.8 22.3 15.7 8.8 0.295
Children in Poverty (% of children) Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)* Chlamydia (cases per 100,000 population) Pertussis (cases per 100,000 population) Salmonella (cases per 100,000 population) Occupational Fatalities (deaths per 100,000 workers) Violent Crime (offenses per 100,000 population) Community Servironment Total*	+ ++ + +++++ + + ++	21.7 0.280 542.2 2.3 23.2 8.1 450 -0.101	41 38 41 9 41 47 37 41	7.6 -1.107 233.3 0.4 9.3 2.0 124 0.324
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap) HPV Females (% of females aged 13 to 17 years) HPV Males (% of males aged 13 to 17 years) Meningococcal (% of adolescents aged 13 to 17 years) Tdap (% of adolescents aged 13 to 17 years) Immunizations—Children (% of children aged 19 to 35 months) Rublic Health Funding (dollars per person) Uninsured (% of population) Policy Total*	++ ++ ++ ++ ++ + +++ +	-0.323 43.6 35.0 73.6 89.6 67.0 \$87 13.9 -0.105	34 36 32 39 21 42 25 48 49	1.717 73.0 68.7 96.4 96.7 80.6 \$506 2.7 0.185
Clinical Care				
Dentists (number per 100,000 population) Low Birthweight (% of live births) Mental Health Providers (number per 100,000 population) Preventable Hospitalizations (discharges per 1,000 Medicare enrollees) Primary Care Physicians (number per 100,000 population) Clinical Care Total* All Determinants*	++ +++ +++++ + ++	49.6 7.9 382.7 59.9 127.5 -0.025	39 22 5 44 35 31	88.5 5.8 547.3 23.3 451.1 0.180
Outcomes				
Cancer Deaths (deaths per 100,000 population) Cardiovascular Deaths (deaths per 100,000 population) Diabetes (% of adults) Disparity in Health Status (% difference by high school education) Frequent Mental Distress (% of adults) Frequent Physical Distress (% of adults) Infant Mortality (deaths per 1,000 live births) Premature Death (years lost before age 75 per 100,000 population) All Outcomes* OVERALL*	+ + + +++++ + + + + + +	216.9 335.2 12.0 18.9 14.3 14.7 7.7 9,951 -0.268 -0.594	45 48 41 3 46 44 47 44 45 43	150.5 189.7 6.6 8.1 8.3 8.2 4.2 5,555 0.254 0.916

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	12.3	14	5.7
Excessive Drinking (% of adults)	+++	18.5	25	11.8
RATING High School Graduation (% of students) Symbol Rank	+	73.8	48	90.8
+++++ 1-10 UDESITY (% OT adults)	++++	28.7	20	22.3
+++ 21-30 Thysical mactivity (70 of adults)	+++++	17.2	3	15.7
++ 31-40 + 41-50 Smoking (% of adults) Behaviors Total*	++++	16.2 0.005	19 27	8.8 0.295
benaviors total	****	0.003	21	0.293
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	6.8	13	3.8
Children in Poverty (% of children)	+++	18.2	28	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++	0.010	27	-1.107
Chlamydia (cases per 100,000 population)	++++	410.7	17	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	+	14.6	44	0.4
Salmonella (cases per 100,000 population)	++++	13.1	16	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.4	7	2.0
Violent Crime (offenses per 100,000 population)	++++	265	14	124
Community & Environment Total*	++++	0.112	16	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.620	41	1.717
HPV Females (% of females aged 13 to 17 years)	+++	50.3	23	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++++	44.7	10	68.7
Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	+	70.5	42	96.4
Tdap (% of adolescents aged 13 to 17 years)	+_(83.2	44	96.7
Immunizations—Children (% of children aged 19 to 35 months)		58.1	50	80.6
Public Health Funding (dollars per person)	14	\$81	28	\$506
Uninsured (% of population)	٠,,,	6.6	18 34	210
Policy Total*	a 6	-0.029	* 34 1	0.185
Nuls are	_	Y		
Dentists (number per 100,000 population)	++++	67.9	1 1	88.5
Low Birthweight (% of live births)	++++	6.4	4	5.8
Mental Health Providers (number per 100,000 population)	++++	453.7	2	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	33.9	6	23.3
Primary Care Physicians (number per 100,000 population)	+++	143.8	22	451.1
Clinical Care Total*	++++	0.157	3	0.180
All Determinants*	Q_{i}	0.246	17	0.778
All Determinants	W	0.240	17	0.776
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	190.6	25	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	217.6	8	189.7
Diabetes (% of adults)	++++	9.5	18	6.6
Disparity in Health Status (% difference by high school education)	+	30.7	42	8.1
Frequent Mental Distress (% of adults)	++	13.0	36	8.3
Frequent Physical Distress (% of adults)	+++	11.7	24	8.2
Infant Mortality (deaths per 1,000 live births)	++++	5.1	12	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,507	14	5,555
All Outcomes* OVERALL*	++++	0.051 0.297	24 20	0.254 0.916
*Volume first transport North transport on his law U.C. or h		0.20/	20	0.010

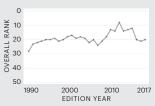
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: A 1 Determinants Rank: 17 Outcomes Rank: 24



Strengths:

- umber of mental health providers
- w prevalence of physical inactivity prevalence of low birthweight

Challenges:

- Low immunization coverage among children
- · High incidence of pertussis
- · Large disparity in health status by educational attainment

Highlights:

- In the past four years, drug deaths decreased 8% from 13.3 to 12.3 deaths per 100,000 population
- In the past year, immunizations among children decreased 14% from 67.4% to 58.1% of children aged 19 to 35 months
- In the past five years, smoking decreased 18% from 19.7% to 16.2% of adults
- In the past two years, cardiovascular deaths increased 3% from 212.0 to 217.6 deaths per 100,000 population
- In the past five years, frequent physical distress decreased 18% from 14.2% to 11.7% of adults

Ranking:

Oregon is 20th this year; it was 21st in 2016. The state ranks 12th for senior health and 27th for the health of women and children.

State Health Department Website:

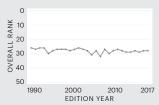
public.health.oregon.gov/

Pennsylvania

OVERALL



Change: no change Determinants Rank: 24 Outcomes Rank: 31



Strengths:

- · Higher number of primary care physicians
- · Small disparity in health status by educational attainment
- · High meningococcal immunization among adolescents

Challenges:

- · High levels of air pollution
- · High drug death rate
- · Low per capita public health funding

Highlights:

- In the past two years, excessive drin increased 16% from 17.7% to 20.5% of
- In the past year, air pollution decreased 8% from 11.0 to 10.1 micrograms of fine particles per cubic meter
- · In the past five years, diabetes increased 19% from 9.5% to 11.3% of adults
- In the past seven years, infant mortality decreased 20% from 7.5 to 6.0 deaths per 1,000 live births
- In the past 10 years, drug deaths increased 80% from 12.3 to 22.2 deaths per 100,000 population

Ranking:

Pennsylvania is 28th this year; it was 28th in 2016. The state ranks 26th for senior health and 24th for the health of women and children.

State Health Department Website:

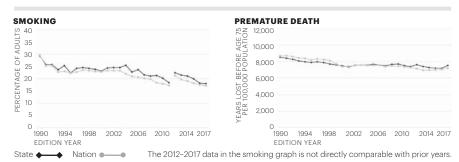
www.health.state.pa.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	22.2	43	5.7
Excessive Drinking (% of adults)	++	20.5	39	11.8
RATING High School Graduation (% of students)	+++	84.8	26	90.8
Symbol Rank 1-10 Obesity (% of adults)	+++	30.3	26	22.3
+++ 11-20 Physical Inactivity (% of adults)	+++	22.9	22	15.7
++ 31-40 Smoking (% of adults)	+++	18.0	30	8.8
Behaviors Total*	++	-0.045	31	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	10.1	48	3.8
Children in Poverty (% of children)	+++	17.6	26	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	++++	-0.417	14	-1.107
Chlamydia (cases per 100,000 population)	++++	418.1	18	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	++	6.9	33	0.4
Salmonella (cases per 100,000 population)	++++	12.4	13	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.2	20	2.0
Violent Crime (offenses per 100,000 population)	+++	316	22	124
Community & Environment Total*	+++	0.006	30	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.943	7	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	58.0	10	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	++++	44.4	12	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	92.7	4	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	92.0	9	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	73.7	20	80.6
Public Health Funding (dollars per person)	+	\$56	42	\$506
Uninsured (% of population)	++++	6.0	13	2.7
Policy Total*	++++	0.073	13	0.185
Clinical Care				
Dentists (number per 100,000 population)	++++	60.7	18	88.5
Low Birthweight (% of live births)	+++	8.1	26	5.8
Mental Health Providers (number per 100,000 population)	++	182.0	33	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	51.7	33	23.3
Primary Care Physicians (number per 100,000 population)	+++++	199.8	5	451.1
Clinical Care Total*	++++	0.026	20	0.180
All Determinants*	+++	0.060	24	0.778
72010		0.000	27	0.770
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	199.6	35	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	263.3	35	189.7
Diabetes (% of adults)	++	11.3	35	6.6
Disparity in Health Status (% difference by high school education) Frequent Mental Distress (% of adults)	++++	24.3	11	8.1
Frequent Physical Distress (% of adults) Frequent Physical Distress (% of adults)	++	12.6	31	8.3 8.2
Infant Mortality (deaths per 1,000 live births)	+++	12.6 6.0	32 26	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,541	28	5,555
All Outcomes*	++	-0.046	31	0.254
OVERALL*	+++	0.040	28	0.234

2017

2017 | No 1

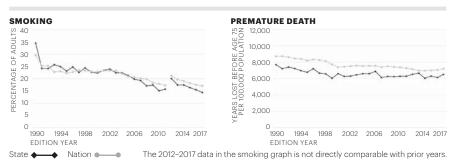
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Rhode Island

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	24.9	47	5.7
Excessive Drinking (% of adults)	++++	17.4	15	11.8
RATING High School Graduation (% of students)	+++	83.2	29	90.8
+++++ 1-10 UDESITY (% OT AGUITS)	+++++	26.6	10	22.3
++++ 11-20 Physical Inactivity (% of adults)	++	24.4	31	15.7
++ 31-40 + 41-50 Smoking (% of adults)	++++	14.4	11	8.8
Behaviors Total*	++++	0.074	17	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.5	20	3.8
Children in Poverty (% of children)	++++	15.6	19	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++++	-0.533	10	-1.107
Chlamydia (cases per 100,000 population)	+++	433.6	23	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	++++	2.6	11	0.4
Salmonella (cases per 100,000 population)	++++	13.6	17	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.3	22	2.0
Violent Crime (offenses per 100,000 population)	+++++	239	8 .	124
Community & Environment Total*	++++	0.141	13	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.717	1	1.717
HPV Females (% of females aged 13 to 17 years)	11111	73.0		73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++++	68.7	1	68.7
Adolescents Meningococcal (% of adolescents aged 13 to 17 years)	++++	96.4	1.	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	95.4	5	96.7
Immunizations—Children (% of children aged 19 to 35 months)	1	75.5	14	80.6
Public Health Funding (dollars per person)	A	\$140	7	\$506
Uninsured (% of population)	++++	5.0	6	27
Policy Total*	***	0.157	3	0.185
		>,	1	
Vin 3 Care	N			
Dentists (number per 100,000 population)	+++	54.2	26	88.5
Low Birthweight (% of live births)	++++	7.6	20	5.8
Mental Health Providers (number per 100,000 population)	••••••	375.0	6	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees) Primary Care Physicians (number per 100,000 population)	++	54.0 256.3	36	23.3
Clinical Case Tural*	*****		1 11	451.1
Clinical Cate Idtal	****	0.087	11	0.180
All Determinants*	14111	0.459	7	0.778
	1			
Outcomes		1075	0.4	1= 0 =
Cancer Deaths (deaths per 100,000 population)	++	197.5	34	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	232.0	19	189.7
Diabetes (% of adults)	++++	9.8	19	6.6
Disparity in Health Status (% difference by high school education)	++	29.4	37	8.1
Frequent Mental Distress (% of adults) Frequent Physical Distress (% of adults)	+	13.5	41	8.3
Infant Mortality (deaths per 1,000 live births)	+++++	12.4 5.0	31	8.2 4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,516	10 15	
All Outcomes*	+++	0.013	29	5,555 0.254
OVERALL*	++++	0.013	11	0.234
* Value indicates 7 coors Negative scores are below LIC value, positive scores of	ro obovo IIC	U. T/ Z	- 11	0.010

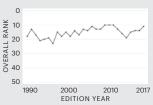
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: A 3 Determinants Rank: 7 Outcomes Rank: 29



Strengths:

- Low percentage of uninsured population
- er number of primary care nvsiolans
- violent crime rate

nallenges:

- · High drug death rate
- High prevalence of frequent mental distress
- · High preventable hospitalization rate

Highlights:

- In the past five years, infant mortality decreased 24% from 6.6 to 5.0 deaths per 1,000 live births
- In the past five years, drug deaths increased 56% from 16.0 to 24.9 deaths per 100,000 population
- In the past five years, smoking decreased 28% from 20.0% to 14.4% of adults
- In the past two years, frequent mental distress increased 24% from 10.9% to 13.5% of adults
- · In the past five years, the percentage of uninsured decreased 58% from 11.8% to 5.0% of the population

Ranking:

Rhode Island is 11th this year; it was 14th in 2016. The state ranks 13th for senior health and ninth for the health of women and children.

State Health Department Website:

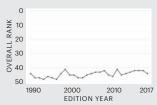
www.health.state.ri.us

South Carolina

OVERALL



Change: **▼2** Determinants Rank: 46 Outcomes Rank: 42



Strengths:

- · Small disparity in health status by educational attainment
- · Low preventable hospitalization rate
- · Low incidence of pertussis

Challenges:

- · High percentage of children in poverty
- High premature death rate
- · High prevalence of diabetes

Highlights:

- · In the past two years, excessive drinking increased 19% from 15.5% to 18.5% of adults
- In the past 10 years, air pollution decreased 40% from 13.1 to 7.8 micrograms of fine particles per cubic meter
- In the past three years, premature death increased 6% from 8,645 to 9,131 years lost before age 75 per 100,000 population
- In the past 10 years, violent crime decreased 34% from 766 to 502 offenses per 100,000 population
- In the past year, children in poverty increased 20% from 18.8% to 22.6% of children

Ranking:

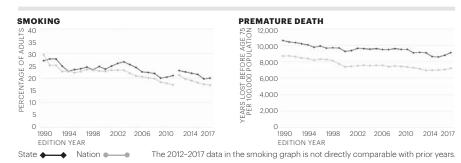
South Carolina is 44th this year; it was 42nd in 2016. The state ranks 33rd for senior health and 39th for the health of women and children.

State Health Department Website:

www.scdhec.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	14.5	23	5.7
Excessive Drinking (% of adults) RATING High School Graduation (% of students)	++	18.5 80.3	25	11.8 90.8
Symbol Rank Obsoity /0/ of adulta)	++	60.3 32.3	35 39	22.3
++++ 1-10 ODESITY (% of adults) ++++ 11-20 Physical Inactivity (% of adults)	++	26.9	39	15.7
+++ 21-30 ++ 31-40 Smoking (% of adults)	++	20.0	39	8.8
+ 41-50 Behaviors Total*	+	-0.130	42	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.8	25	3.8
Children in Poverty (% of children)	+	22.6	44	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.793	47	-1.107
Chlamydia (cases per 100,000 population)	+	569.9	44	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	++++	3.5	17	0.4
Salmonella (cases per 100,000 population)	+	30.9	48	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	6.4	42	2.0
Violent Crime (offenses per 100,000 population)	+	502	41	124
Community & Bovironment Total*	+	-0.122	46	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.633	49	1.717
HPV Females (% of females aged 13 to 17 years)	+	30.8	50	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years) Adolescents— Manis accessed (% of radial access aged 13 to 17 years)	+	27.4	43	68.7
[Wethingococcal (% of addiescents aged 13 to 17 years)	+	68.9	44	96.4
Tdap (% of adolescents aged 13 to 17 years) Immunizations—Children (% of children aged 19 to 35 months)	+	77.5	50	96.7
Immunizations—Children (% of children aged 19 to 35 months) Public Health Funding (dollars per person)	++	69.7 \$74	32 32	80.6 \$506
Uninsured (% of population)	++	φ/4 10.5	39	2.7
Policy Total*	+	-0.076	44	0.185
	_	0.070		0.100
Clinical Care				
Dentists (number per 100,000 population)	+	48.2	42	88.5
Low Birthweight (% of live births) Mental Health Providers (number per 100,000 population)	+	9.5	45	5.8
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	157.7 45.6	39	547.3 23.3
Primary Care Physicians (number per 100,000 population)	++	45.6 127.0	18 36	25.5 451.1
Clinical Care Total*	++	-0.097	40	0.180
		0.007	40	0.100
All Determinants*	+	-0.424	46	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	201.3	37	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	277.0	36	189.7
Diabetes (% of adults)	+	13.0	45	6.6
Disparity in Health Status (% difference by high school education)	++++	24.8	14	8.1
Frequent Mental Distress (% of adults)	+	13.7	42	8.3
Frequent Physical Distress (% of adults)	+	14.2	42	8.2
Infant Mortality (deaths per 1,000 live births)	++	6.7	36	4.2
Premature Death (years lost before age 75 per 100,000 population) All Outcomes*	+	9,131	42	5,555
OVERALL*	+	-0.187 -0.611	42 44	0.254 0.916
OVERALL	•	-0.011	44	0.310

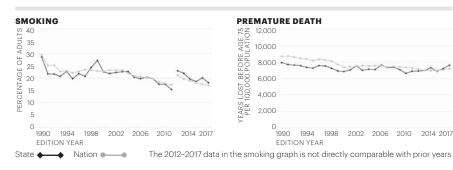
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7



South Dakota

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	7.5	3	5.7
Excessive Drinking (% of adults)	++	20.2	37	11.8
RATING High School Graduation (% of students)	+++	83.9	28	90.8
+++++ 1-10 UDESITY (% OT adults)	+++	29.6	23	22.3
++++ 11-20 +++ 21-30 Physical Inactivity (% of adults)	+++++	18.9	6	15.7
++ 31-40 + 41-50 Smoking (% of adults)	++	18.1	32	8.8
Behaviors Total*	+++	0.047	21	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.5	3	3.8
Children in Poverty (% of children)	++	19.4	36	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.163	32	-1.107
Chlamydia (cases per 100,000 population)	+++	462.9	29	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	+++++	2.0	4	0.4
Salmonella (cases per 100,000 population)	+	26.2	45	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	6.2	41	2.0
Violent Crime (offenses per 100,000 population)	++	418	32	124
Community & Environment Total*	+++	0.047	25	0.324
- "			-0	
Policy		1 200	10	1 717
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.382	48 29	1.717
Immunizations— HPV Females (% of females aged 13 to 17 years) HPV Males (% of males aged 13 to 17 years)	+++	47.3 30. 5	39	73.0
Adolescents Meningococcal (% of adolescents aged 13 to 17 years)	++	65.7	48	68.7 96.4
Tdap (% of adolescents aged 13 to 17 years)	+ 0	79.4	48	96.7
Immunizations—Children (% of children aged 19 to 35 months)	A	70.4	27	80.6
Public Health Funding (dollars per person)		\$105	16	\$506
Uninsured (% of population)	7	9.5	32	27
Policy Total*	<i>4</i>) .	-0.035	37	0.185
		> '	1	V
Ville 9 Care				
Dentists (number per 100,000 population)	+++	52.3	30	88.5
Low Birthweight (% of live births)	+++++	6.1	>2	5.8
Mental Health Providers (number per 100,000 population)	<u> بال</u>	162.2	38	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare emollees)	++	50.5	31	23.3
Primary Care Physicians (number per 100,000 population)	***	125.8 -0.015	38	451.1
Clinical Care Ittal	***	-0.015	29	0.180
All Determinants*	Q_{i}	0.043	26	0.778
7		0.0 .0	20	0.770
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	184.7	19	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	233.9	23	189.7
Diabetes (% of adults)	+++++	7.9	4	6.6
Disparity in Health Status (% difference by high school education)	+++++	23.8	10	8.1
Frequent Mental Distress (% of adults)	+++++	8.3	1	8.3
Frequent Physical Distress (% of adults)	+++++	10.0	9	8.2
Infant Mortality (deaths per 1,000 live births)	++	6.6	33	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,627	29	5,555
All Outcomes* OVERALL*	+++++	0.157	6 24	0.254
OVERALL*	+++	0.200	∠4	0.916

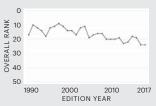
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: no change Determinants Rank: 26 Outcomes Rank: 6



Strengths:

- Low levels of air pollution
- Low prevalence of frequent ental distress prevalence of diabetes

challenges:

- High incidence of Salmonella
- · High occupational fatality rate
- · Low Tdap immunization coverage among adolescents

Highlights:

- In the past year, immunizations among children decreased 7% from 75.6% to 70.4% of children aged 19 to 35 months
- In the past five years, smoking decreased 21% from 23.0% to 18.1% of adults
- In the past three years, violent crime increased 30% from 322 to 418 offenses per 100,000 population
- In the past year, diabetes decreased 15% from 9.3% to 7.9% of adults
- · In the past seven years, premature death increased 15% from 6,641 to 7,627 years lost before age 75 per 100,000 population

Ranking:

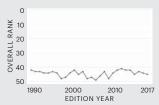
South Dakota is 24th this year; it was 24th in 2016. The state ranks 15th for senior health and 18th for the health of women and children.

State Health Department Website: doh.sd.gov

Tennessee

OVERALL

Change: **▼1** Determinants Rank: 45 Outcomes Rank: 44



Strengths:

- · Low prevalence of excessive drinking
- · Small disparity in health status by educational attainment
- · Low incidence of pertussis

Challenges:

- · High prevalence of smoking
- High violent crime rate
- · High premature death rate

Highlights:

- · In the past year, excessive drinking increased 29% from 11.2% to 14.4% of adults
- · In the past seven years, infant mortality decreased 16% from 8.2 to 6.9 deaths per 1,000 live births
- In the past five years, obesity increased 19% from 29.2% to 34.8% of adults
- · In the past five years, preventable hospitalizations decreased 29% from 83.4 to 59.3 discharges per 1,000 Medicare enrollees
- In the past five years, drug deaths increased 27% from 15.7 to 19.9 deaths per 100,000 population

Ranking:

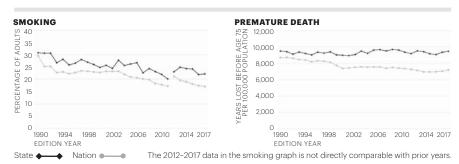
Tennessee is 45th this year; it was 44th in 2016. The state ranks 44th for senior health and 42nd for the health of women and children.

State Health Department Website:

health.state.tn.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	19.9	39	5.7
Excessive Drinking (% of adults)	+++++	14.4	6	11.8
High School Graduation (% of students)	+++++	87.9	9	90.8
Symbol Rank 1-10 Obesity (% of adults)	+	34.8	45	22.3
++++ 11-20 Physical Inactivity (% of adults)	++	28.4	40	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+	22.1	43	8.8
Behaviors Total*	+	-0.134	43	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.2	32	3.8
Children in Poverty (% of children)	+	21.9	42	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	++++	-0.380	15	-1.107
Chlamydia (cases per 100,000 population)	++	477.5	32	233.3
Infectious Disease— Pertussis (cases per 100,000 population)	++++	2.8	12	0.4
Salmonella (cases per 100,000 population)	++++	13.6	17	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.1	33	2.0
Violent Crime (offenses per 100,000 population)	+	633	47	124
Community & Environment Total*	++	-0.098	40	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.373	37	1.717
HPV Females (% of females aged 13 to 17 years)	+	36.9	46	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	++	35.2	31	68.7
Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	++	76.3	33	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	89.3	23	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	67.4	40	80.6
Public Health Funding (dollars per person)	+++	\$94	23	\$506
Uninsured (% of population)	++	9.7	34	2.7
Policy Total*	++	-0.033	35	0.185
Clinical Care				
Dentists (number per 100,000 population)	++	49.2	40	88.5
Low Birthweight (% of live births)	+	9.1	41	5.8
Mental Health Providers (number per 100,000 population)	+	138.2	43	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	59.3	43	23.3
Primary Care Physicians (number per 100,000 population)	+++	138.5	27	451.1
Clinical Care Total*	+	-0.116	43	0.180
All Determinants*	+	-0.381	45	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	216.5	44	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	308.0	45	189.7
Diabetes (% of adults)	+	12.7	44	6.6
Disparity in Health Status (% difference by high school education)	++++	24.6	13	8.1
Frequent Mental Distress (% of adults)	+	13.7	42	8.3
Frequent Physical Distress (% of adults)	+	15.0	47	8.2
Infant Mortality (deaths per 1,000 live births) Premature Death (years lost before age 75 per 100,000 population)	++	6.9	38	4.2
All Outcomes*	+	9,467	43	5,555
OVERALL*	+	-0.257 -0.637	44 45	0.254 0.916
OVERALL	T	-0.03/	45	0.910

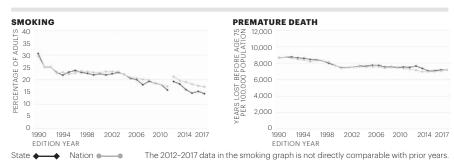
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



lexas

	Rating	2017 Value	2017 Rank	No.1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	9.7	5	5.7
Excessive Drinking (% of adults)	++	19.4	32	11.8
RATING High School Graduation (% of students)	+++++	89.0	4	90.8
Symbol Rank +++++ 1-10 Obesity (% of adults)	+	33.6	43	22.3
++++ 11-20 +++ 21-30 Physical Inactivity (% of adults)	++	25.2	34	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+++++	14.3	10	8.8
Behaviors Total*	++++	0.081	15	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.9	39	3.8
Children in Poverty (% of children)	++	19.2	34	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	++	0.277	36	-1.107
Chlamydia (cases per 100,000 population)	++	523.6	38	233.3
Infectious Disease — Pertussis (cases per 100,000 population)	+++	5.5	28	0.4
Salmonella (cases per 100,000 population)	++	20.9	38	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.6	38	2.0
Violent Crime (offenses per 100,000 population)	++	434	34	124
Community & Environment Total*	++	-0.064	37	0.324
Policy			.C	
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.493	39	1.717
HPV Females (% of females aged 13 to 17 years)	+	39.7	43	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+	26.5	44	68.7
Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	++++	85.5	20	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	85.0	38	96.7
Immunizations—Children (% of children aged 19 to 35 months)	(+)	69.5	33	80.6
Public Health Funding (dollars per person)	1	\$67	38	\$506
Uninsured (% of population)	力)	16.9	50	27
Policy Total*	1	-0.127	50	0.185
Vines -are				
Dentists (number per 100,000 population)	##±	52.3	\$ 0	88.5
Low Birthweight (% of live births)	4++	8.2	28	5.8
Mental Health Providers (number per 100,000 population)	•	98.3	49	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	53.2	34	23.3
Primary Care Physicians (number per 100,000 population)	+	112.9	45	451.1
Clinical Care Total*	+ (-0.103	42	0.180
All Determinants*		-0.214	38	0.778
	1			
Cancer Deaths (deaths per 100,000 population)	++++	180.9	11	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	261.1	34	189.7
Diabetes (% of adults)	++	11.2	33	6.6
Disparity in Health Status (% difference by high school education)	++	29.8	38	8.1
Frequent Mental Distress (% of adults)	++++	10.6	12	8.3
Frequent Physical Distress (% of adults)	++++	11.0	14	8.2
Infant Mortality (deaths per 1,000 live births)	+++	5.8	23	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,175	23	5,555
All Outcomes*	+++	0.027	27	0.254
OVERALL*	++	-0.187	34	0.916

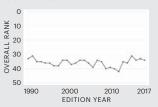
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: **▼1** Determinants Rank: 38 Outcomes Rank: 27



Strengths:

- Low prevalence of smoking
- Low drug death rate ow cancer death rate

Chailenges:

- High percentage of uninsured population
- · High prevalence of obesity
- · Lower number of mental health providers

Highlights:

- In the past six years, children in poverty decreased 28% from 26.5% to 19.2% of children
- · In the past year, excessive drinking increased 12% from 17.3% to 19.4% of adults
- In the past four years, drug deaths decreased 3% from 10.0 to 9.7 deaths per 100,000 population
- In the past five years, obesity increased 11% from 30.4% to 33.6% of adults
- In the past five years, smoking decreased 26% from 19.2% to 14.3% of adults

Ranking:

Texas is 34th this year; it was 33rd in 2016. The state ranks 38th for senior health and 41st for the health of women and children.

State Health Department Website:

www.dshs.state.tx.us

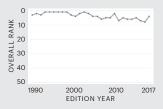
Utah

OVERALL





Change: 🔺 4 Determinants Rank: 6 Outcomes Rank: 2



Strengths:

- · Low prevalence of smoking
- · Low percentage of children in poverty
- · Low cancer death rate

Challenges:

- · Lower number of primary care physicians
- · High incidence of pertussis
- · High drug death rate

Highlights:

- In the past five years, drug deaths increased 24% from 18.4 to 22.9 death per 100,000 population
- · In the past five years, smoking decrease 25% from 11.8% to 8.8% of adults
- In the past seven years, cancer deaths increased 10% from 137.4 to 150.5 deaths per 100,000 population
- In the past four years, preventable hospitalizations decreased 25% from 37.2 to 27.9 discharges per 1,000 Medicare enrollees
- · In the past four years, cardiovascular deaths increased 11% from 208.0 to 231.8 deaths per 100,000 population

Ranking:

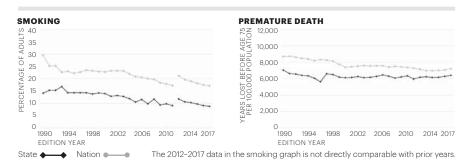
Utah is fourth this year; it was eighth in 2016. The state ranks second for senior health and sixth for the health of women and children.

State Health Department Website:

www.health.utah.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	22.9	44	5.7
Excessive Drinking (% of adults)	+++++	13.4	3	11.8
High School Graduation (% of students)	+++	84.8	26	90.8
Symbol Rank +++++ 1-10 Obesity (% of adults)	+++++	25.3	5	22.3
++++ 11-20 Physical Inactivity (% of adults)	+++++	15.7	1	15.7
++ 31-40 Smoking (% of adults)	+++++	8.8	1	8.8
Behaviors Total*	+++++	0.295	1	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	8.1	30	3.8
Children in Poverty (% of children)	+++++	9.0	3	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++	-0.130	23	-1.107
Chlamydia (cases per 100,000 population)	+++++	293.3	3	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	+	16.7	45	0.4
Salmonella (cases per 100,000 population)	+++	15.4	23	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.4	24	2.0
Violent Crime (offenses per 100,000 population)	+++++	243	9	124
Community & Environment Total*	+++++	0.164	9	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.962	44	1.717
HPV Females (% of females aged 13 to 17 years)	+	41.3	41	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+	20.3	49	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	76.6	32	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	83.9	42	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	72.2	23	80.6
Public Health Funding (dollars per person)	+++	\$77	30	\$506
Uninsured (% of population)	++	9.7	34	2.7
Policy Total*	++	-0.033	35	0.185
Clinical Care				
Dentists (number per 100,000 population)	++++	61.7	16	88.5
Low Birthweight (% of live births)	++++	7.0	14	5.8
Mental Health Providers (number per 100,000 population)	++++	293.4	14	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	27.9	2	23.3
Primary Care Physicians (number per 100,000 population)	+	99.8	49	451.1
Clinical Care Total*	++++	0.065	15	0.180
All Determinants*		0.401	6	0.770
All Determinants	*****	0.491	6	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	150.5	1	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	231.8	17	189.7
Diabetes (% of adults)	+++++	7.2	2	6.6
Disparity in Health Status (% difference by high school education)	++++	24.5	12	8.1
Frequent Mental Distress (% of adults)	+++	11.5	23	8.3
Frequent Physical Distress (% of adults)	+++++	9.5	3	8.2
Infant Mortality (deaths per 1,000 live births)	+++++	5.0	10	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,399	12	5,555
All Outcomes*	+++++	0.243	2	0.254
OVERALL*	+++++	0.734	4	0.916

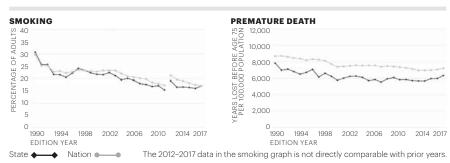
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Vermont

	Rating	2017 Value	2017 Rank	No.1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	14.9	25	5.7
Excessive Drinking (% of adults)	+	20.6	42	11.8
RATING High School Graduation (% of students)	++++	87.7	11	90.8
Symbol Rank 1–10 Obesity (% of adults)	++++	27.1	12	22.3
++++ 11-20 Physical Inactivity (% of adults)	+++++	19.5	9	15.7
++ 31-40 Smoking (% of adults)	+++	17.0	23	8.8
+ 41-50 Behaviors Total*	+++++	0.101	10	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.5	3	3.8
Children in Poverty (% of children)	+++++	12.3	8	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++++	-0.740	4	-1.107
Chlamydia (cases per 100,000 population)	+++++	303.4	5	233.3
Infectious Disease — Pertussis (cases per 100,000 population)	++	7.8	35	0.4
Salmonella (cases per 100,000 population)	+++++	12.1	10	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.0	16	2.0
Violent Crime (offenses per 100,000 population)	+++++	158	2	124
Community & Environment Total*	+++++	0.279	2	0.324
Policy			(
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.030	5	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	58.4	8	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years) Adolescents— Maningare and 10 of adolescents aged 13 to 17 years)	+++++	53.1	2	68.7
ivietilityococcai (% of adolescents aged 13 to 17 years)	++++	86.4	17	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	93.8	5	96.7
Immunizations—Children (% of children aged 19 to 35 months)	(17)	76.8	9	80.6
Public Health Funding (dollars per person)	1444	\$138	8	\$506
Uninsured (% of population)		3.8	2	2
Policy Total*	24111	0.165	2	0.185
Ville 9 Sare		Y		
Dentists (number per 100,000 population)	##H	57.0	21	88.5
Low Birthweight (% of live births)	+++++	6.6		5.8
Mental Health Providers (number per 100,000 population)	*****	407.3	4	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	39.4	11	23.3
Primary Care Physicians (number per 100,000 population)	++++	175.1	11	451.1
Clinical Care Total*	+++++	0.129	6	0.180
All Determinants*	14+)+	0.674	2	0.778
Outcome				
Cancer Deaths (deaths per 100,000 population)	+++	192.5	27	1505
Cardiovascular Deaths (deaths per 100,000 population)	++++	231.6	16	150.5 189.7
Diabetes (% of adults)	+++++	231.0 8.4	7	6.6
Disparity in Health Status (% difference by high school education)	+++	27.6	28	8.1
Frequent Mental Distress (% of adults)	+++	11.9	26	8.3
Frequent Physical Distress (% of adults)	++++	11.3	19	8.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.6	5	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,326	10	5,555
All Outcomes*	++++	0.115	14	0.254
OVERALL*	+++++	0.789	3	0.916
* Value indicates 7 coors. Negative coorse are below LLC value, positive coorse at	o aboua IIC	2 volue		

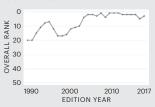
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: **▼2** Determinants Rank: 2 Outcomes Rank: 14



Strengths:

- Low levels of air pollution
- Low percentage of uninsured population ow violent crime rate

Chailenges:

- High prevalence of excessive drinking
- · High cancer death rate
- · High incidence of pertussis

Highlights:

- In the past four years, immunizations among children increased 22% from 63.2% to 76.8% of children aged 19 to 35 months
- In the past five years, drug deaths increased 51% from 9.9 to 14.9 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 58% from 9.0% to 3.8% of the population
- In the past seven years, premature death increased 8% from 6,836 to 6,326 years lost before age 75 per 100,000 population
- In the past year, Salmonella decreased 18% from 14.8 to 12.1 cases per 100,000 population

Ranking:

Vermont is third this year; it was fifth in 2016. The state ranks eighth for senior health and second for the health of women and children.

State Health Department Website:

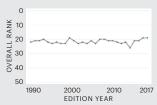
www.healthvermont.gov

Virginia

OVERALL



Change: no change Determinants Rank: 19 Outcomes Rank: 23



Strengths:

- · Low violent crime rate
- · Low percentage of children in poverty
- · Low drug death rate

Challenges:

- · Low immunization coverage among children
- · Lower number of mental health providers
- · Low HPV immunization coverage among adolescent females

Highlights:

- · In the past five years, smoking decre 27% from 20.9% to 15.3% of adults
- In the past five years, drug deaths increased 41% from 8.0 to 11.3 deaths per 100,000 population
- In the past six years, low birthweight decreased 6% from 8.4% to 7.9% of live births
- In the past three years, premature death increased 3% from 6,502 to 6,696 years lost before age 75 per 100,000 population
- In the past seven years, infant mortality decreased 21% from 7.3 to 5.8 deaths per 1,000 live births

Ranking:

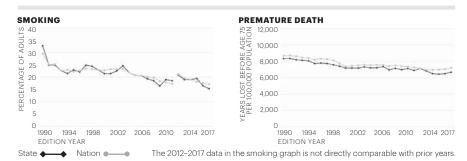
Virginia is 19th this year; it was 19th in 2016. The state ranks 25th for senior health and 12th for the health of women and children.

State Health Department Website:

www.vdh.state.va.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.3	7	5.7
Excessive Drinking (% of adults)	++++	17.4	15	11.8
RATING High School Graduation (% of students)	++++	85.7	20	90.8
Symbol Rank +++++ 1-10 Obesity (% of adults)	+++	29.0	21	22.3
++++ 11-20 Physical Inactivity (% of adults)	+++	23.3	26	15.7
+++ 21-30 ++ 31-40 Smoking (% of adults)	++++	15.3	15	8.8
+ 41-50 Behaviors Total*	+++++	0.112	8	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.5	20	3.8
Children in Poverty (% of children)	++++	13.0	11	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.443	13	-1.107
Chlamydia (cases per 100,000 population)	+++	424.5	21	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	+++	4.4	22	0.4
Salmonella (cases per 100,000 population)	++++	14.1	19	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.2	20	2.0
Violent Crime (offenses per 100,000 population)	+++++	218	4	124
Community & Environment Total*	+++++	0.170	6	0.324
Community & Environment Total		0.170	U	0.024
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.590	40	1.717
HPV Females (% of females aged 13 to 17 years)	+	41.1	42	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	+++	37.4	25	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	71.5	41	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	87.1	32	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	65.9	45	80.6
Public Health Funding (dollars per person)	++	\$73	33	\$506
Uninsured (% of population)	+++	8.9	28	2.7
Policy Total*	++	-0.042	39	0.185
Wolley Total		-0.042	39	0.103
Clinical Care				
Dentists (number per 100,000 population)	++++	63.6	14	88.5
Low Birthweight (% of live births)	+++	7.9	22	5.8
Mental Health Providers (number per 100,000 population)	++	145.2	40	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	42.8	15	23.3
Primary Care Physicians (number per 100,000 population)	+++	141.8	24	451.1
Clinical Care Total*	+++	0.002	26	0.180
All Determinants*	++++	0.241	19	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	190.1	24	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	239.1	25	189.7
Diabetes (% of adults)	+++	10.4	23	6.6
Disparity in Health Status (% difference by high school education)	+++	27.4	27	8.1
Frequent Mental Distress (% of adults)	++++	10.9	19	8.3
Frequent Physical Distress (% of adults)	++++	11.0	14	8.2
Infant Mortality (deaths per 1,000 live births)	+++	5.8	23	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,696	19	5,555
All Outcomes*	+++	0.062	23	0.254
OVERALL*	++++	0.303	19	0.916
TIMEL		0.000	.0	0.010

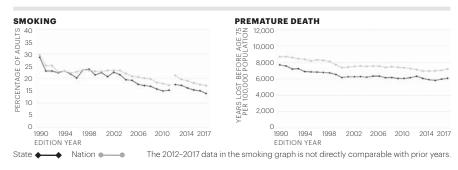
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Washington

	Rating	2017 Value	2017 Rank	No.1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	14.2	21	5.7
Excessive Drinking (% of adults)	+++	18.2	22	11.8
RATING Symbol Rank High School Graduation (% of students)	+	78.2	41	90.8
+++++ 1-10 UDESITY (% OT ADUITS)	++++	28.6	19	22.3
++++ 11-20 +++ 21-30 Physical Inactivity (% of adults)	+++++	17.6	4	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+++++	13.9	7	8.8
Behaviors Total*	++++	0.090	12	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.8	25	3.8
Children in Poverty (% of children)	++++	15.1	17	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	++	0.300	39	-1.107
Chlamydia (cases per 100,000 population)	++++	406.4	15	233.3
Infectious Disease — Pertussis (cases per 100,000 population)	+	19.3	47	0.4
Salmonella (cases per 100,000 population)	+++	14.5	22	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.5	3	2.0
Violent Crime (offenses per 100,000 population)	++++	302	19	124
Community & Environment Total*	++++	0.095	20	0.324
Policy	_	_		
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.112	26	1.717
HPV Females (% of females aged 13 to 17 years)	++++	55.2	15	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	++++	44.0	13	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	75.1	37	96.4
Tdap (% of adolescents aged 13 to 17 years)	++ 0	86.8	34	96.7
Immunizations—Children (% of children aged 19 to 35 months)	###	75.7	12	80.6
Public Health Funding (dollars per person)	447	\$93	24	\$506
Uninsured (% of population)	++++	6.3	16	27
Policy Total*	++++	0.068	15	0.185
		> '		V
Int a Jare	N	71.0		22.5
Dentists (number per 100,000 population)	+++++	71.6	8	88.5
Low Birthweight (% of live births)	+++++	6.4	1 0	5.8
Mental Health Providers (number per 100,000 population)	****	308.5	113	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees) Primary Care Physicians (number per 100,000 population)	+++	32.7 144.0	5 21	23.3 451.1
Clinical Care Total*	++++	0.137	5	0.180
Cilifical data letal		0.137	J	0.160
All Determinants*	(44)	0.390	11	0.778
	1			
Outcomes		100.0	10	1505
Cancier Deaths (deaths per 100,000 population)	++++	183.3	16	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	215.7 9.4	6 16	189.7
Diabetes (% of adults) Disparity in Health Status (% difference by high school education)	++++	29.0	16 35	6.6 8.1
Frequent Mental Distress (% of adults)	+++	11.4	21	8.3
Frequent Physical Distress (% of adults)	++++	11.3	19	8.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.7	8	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,096	8	5,555
All Outcomes*	++++	0.130	11	0.254
OVERALL*	+++++	0.520	9	0.916
* Value indicates 7 coors. Negative engree are below LIC value, positive engree	ra abaya II C	2 volue		

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

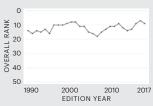


OVERALL RANK:





Change: **▼2** Determinants Rank: 11 Outcomes Rank: 11



Strengths:

- · Low prevalence of smoking
- Low preventable hospitalization rate ow prevalence of low birthweight

Chailenges:

- High incidence of pertussis
- Low meningococcal immunization coverage among adolescents
- · Large disparity in health status by educational attainment

Highlights:

- · In the past five years, smoking decreased 21% from 17.5% to 13.9% of adults
- In the past year, diabetes increased 12% from 8.4% to 9.4% of adults
- · In the past five years, the percentage uninsured decreased 56% from 14.2% to 6.3% of the population
- In the past five years, chlamydia increased 28% from 317.5 to 406.4 cases per 100,000 population
- In the past 10 years, air pollution decreased 19% from 9.6 to 7.8 micrograms of fine particles per cubic meter

Ranking:

Washington is ninth this year; it was seventh in 2016. The state ranks ninth for senior health and 16th for the health of women and children.

State Health Department Website:

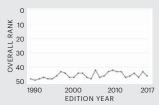
www.doh.wa.gov

West Virginia

OVERALL



Change: **▼3** Determinants Rank: 44 Outcomes Rank: 50



Strengths:

- · High per capita public health funding
- Low prevalence of excessive drinking
- · Low incidence of chlamydia

Challenges:

- · High prevalence of smoking
- · High percentage of children in poverty
- High drug death rate

Highlights:

- · In the past year, drug deaths increased 10% from 32.2 to 35.3 deaths per 100,000 population
- · In the past three years, cardiovascula deaths decreased 3% from 303.7 to 295.5 deaths per 100,000 population
- · In the past five years, diabetes increased 25% from 12.0% to 15.0% of adults
- In the past 10 years, air pollution decreased 44% from 13.8 to 7.7 micrograms of fine particles per cubic meter
- In the past five years, obesity increased 16% from 32.4% to 37.7% of adults

Ranking:

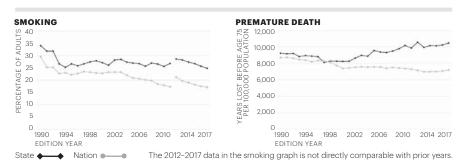
West Virginia is 46th this year; it was 43rd in 2016. The state ranks 45th for senior health and 38th for the health of women and children.

State Health Department Website:

www.dhhr.wv.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	35.3	50	5.7
Excessive Drinking (% of adults)	+++++	11.8	1	11.8
High School Graduation (% of students)	++++	86.5	18	90.8
Symbol Rank 1-10 Obesity (% of adults)	+	37.7	50	22.3
++++ 11-20 Physical Inactivity (% of adults)	+	28.5	41	15.7
++ 31-40 + 41-50 Smoking (% of adults)	+	24.8	50	8.8
Behaviors Total*	+	-0.250	48	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.7	24	3.8
Children in Poverty (% of children)	+	27.3	48	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)*	+++++	-1.107	1	-1.107
Chlamydia (cases per 100,000 population)	+++++	268.0	2	233.3
Infectious Disease—Pertussis (cases per 100,000 population)	+++	4.3	21	0.4
Salmonella (cases per 100,000 population)	+++++	10.8	6	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	7.7	46	2.0
Violent Crime (offenses per 100,000 population)	+++	358	24	124
Community & Environment Total*	++	-0.038	36	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.283	17	1.717
HPV Females (% of females aged 13 to 17 years)	+++	49.7	25	73.0
Immunizations— HPV Males (% of males aged 13 to 17 years)	++	33.0	38	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	89.0	12	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	89.7	18	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	64.7	47	80.6
Public Health Funding (dollars per person)	+++++	\$296	1	\$506
Uninsured (% of population)	+++++	5.7	10	2.7
Policy Total	++++	0.082	12	0.185
Clinical Care				
Dentists (number per 100,000 population)	+	47.9	44	88.5
Low Birthweight (% of live births)	+	9.5	45	5.8
Mental Health Providers (number per 100,000 population)	+	112.7	48	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	75.0	49	23.3
Primary Care Physicians (number per 100,000 population)	++++	159.6	17	451.1
Clinical Care Total*	+	-0.152	48	0.180
All Determinants*	+	-0.358	44	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	226.9	49	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	295.5	43	189.7
Diabetes (% of adults)	+	15.0	50	6.6
Disparity in Health Status (% difference by high school education)	+++++	22.7	9	8.1
Frequent Mental Distress (% of adults)	+	16.5	50	8.3
Frequent Physical Distress (% of adults)	+	18.2	50	8.2
Infant Mortality (deaths per 1,000 live births)	+	7.1	41	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	10,478	49	5,555
All Outcomes*	+	-0.338	50	0.254
OVERALL*	+	-0.696	46	0.916

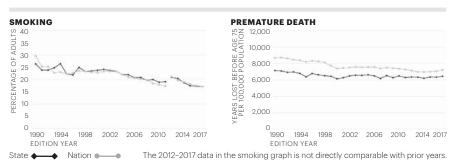
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



<u>Wisconsin</u>

	R	ating	2017 Value	2017 Rank	No. 1 State
	aviors				
Drug Deaths (deaths per 100,000 po		++	15.1	26	5.7
Excessive Drinking (% o	,		26.2	50	11.8
RATING High School Graduation (% of s	,	++++	88.4	6	90.8
+++++ 1-10 UDESITY (% 0		++	30.7	27	22.3
+++ 21-30	,	+++	20.0	11	15.7
++ 31-40 + 41-50 Smoking (% o	,	++	17.1	25	8.8
Behaviors	iotai" +	++	0.021	23	0.295
Community & Enviror	nment				
Air Pollution (micrograms of fine particles per cubi	,	+++	7.4	19	3.8
Children in Poverty (% of	,	++	16.3	21	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Saln	,		0.170	33	-1.107
Chlamydia (cases per 100,000 po	. ,	+++	423.5	20	233.3
Infectious Disease — Pertussis (cases per 100,000 po			13.1	41	0.4
Salmonella (cases per 100,000 po		++	17.0	29	9.3
Occupational Fatalities (deaths per 100,000	,	++++	3.9	10	2.0
Violent Crime (offenses per 100,000 po	. ,	+++	306	20	124
Community & Environment	iotai" +	++	0.084	21	0.324
	Policy			KO	
Immunizations—Adolescents (mean z score of HPV, meningococcal ar	nd Tdap)* 🔸	+++	0.473	13	1.717
HPV Females (% of females aged 13 to 1		+++ •	53.6	1 6	73.0
Immunizations— HPV Males (% of males aged 13 to 1		++ (37.8	24	68.7
Adolescents—Meningococcal (% of adolescents aged 13 to 1	, ,	+++	85.6	19	96.4
Tdap (% of adolescents aged 13 to 1		***	91.6	12	96.7
Immunizations—Children (% of children aged 19 to 35		++++	79.4	3	80.6
Public Health Funding (dollars per			\$50	47	\$506
Uninsured (% of po) ***	5.5	7	210
Policy	Total. 3	****	0.094	9	0.185
NIL 3	are	K			
Dentists (number per 100,000 po		++	55.9	2 2	88.5
Low Birthweight (% of liv		+++	7.3	18	5.8
Mental Health Providers (number per 100,000 po)+	178.5	35	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare e		+++	45.0	17	23.3
Primary Care Physicians (number per 100,000 po	pulation) +	+++	145.2	20	451.1
Clinical Care	Total* +	++(0.002	26	0.180
All Determi	nants*_	74)	0.201	21	0.778
	comes		191.7	26	1E O E
Cancer Deaths (deaths per 100,000 po Cardiovascular Deaths (deaths per 100,000 po		++ ++	238.1	26 24	150.5 180.7
Diabetes (%		+++	9.8	19	189.7 6.6
Disparity in Health Status (% difference by high school ed		+++	25.3	15	8.1
Frequent Mental Distress (% o		++	11.6	24	8.3
Frequent Physical Distress (% o	,	++	11.5	23	8.2
Infant Mortality (deaths per 1,000 liv	,	+++	5.7	20	4.2
Premature Death (years lost before age 75 per 100,000 po	,	+++	6,437	13	5,555
All Outc		++	0.072	21	0.254
OVE	RALL* +	++	0.273	21	0.916

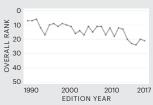
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



OVERALL



Change: **▼1** Determinants Rank: 21 Outcomes Rank: 21



Strengths:

- Low percentage of uninsured population
- High percentage of high school raduation
- prevalence of physical inactivity

nallenges:

- · High prevalence of excessive drinking
- · High incidence of pertussis
- · Low per capita public health funding

Highlights:

- In the past year, diabetes increased 17% from 8.4% to 9.8% of adults
- In the past five years, the percentage uninsured decreased 44% from 9.9% to 5.5% of the population
- · In the past two years, excessive drinking increased 12% from 23.3% to 26.2% of
- In the past eight years, air pollution decreased 35% from 11.3 to 7.4 micrograms of fine particles per cubic
- In the past 10 years, drug deaths increased 89% from 8.0 to 15.1 deaths per 100,000 population

Ranking:

Wisconsin is 21st this year; it was 20th in 2016. The state ranks 10th for senior health and 15th for the health of women and children.

State Health Department Website:

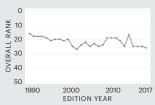
www.dhs.wisconsin.gov

Wyoming

OVERALL



Change: **▼1** Determinants Rank: 29 Outcomes Rank: 19



Strengths:

- · Low levels of air pollution
- Low prevalence of diabetes
- · Low cancer death rate

Challenges:

- Lower number of primary care physicians
- · Low immunization coverage among children
- High occupational fatality rate

Highlights:

- · In the past two years, obesity decrease 6% from 29.5% to 27.7% of adults
- In the past year, excessive drinking increased 14% from 17.5% to 19.9% of adults
- In the past two years, air pollution decreased 24% from 5.0 to 3.8 micrograms of fine particles per cubic meter
- In the past 10 years, drug deaths increased 167% from 6.6 to 17.6 deaths per 100,000 population
- · In the past five years, cancer deaths decreased 5% from 180.1 to 170.3 deaths per 100,000 population

Ranking:

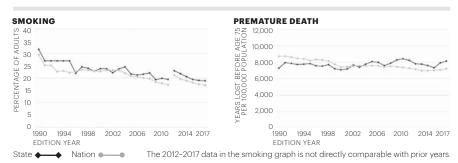
Wyoming is 26th this year; it was 25th in 2016. The state ranks 37th for senior health and 29th for the health of women and children.

State Health Department Website:

www.health.wyo.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population) Excessive Drinking (% of adults) RATING Symbol Rank +++++ 1-10 ++++ 11-20 +++ 21-30 ++ 31-40 + 41-50 Drug Deaths (deaths per 100,000 population) Excessive Drinking (% of adults) High School Graduation (% of students) Obesity (% of adults) Physical Inactivity (% of adults) Smoking (% of adults)	+++ ++ ++ +++ +++	17.6 19.9 79.3 27.7 23.1 18.9	30 34 37 16 23 34	5.7 11.8 90.8 22.3 15.7 8.8
Behaviors Total*	++	-0.056	34	0.295
Community & Environment				
Community & Environment Air Pollution (micrograms of fine particles per cubic meter)	+++++	3.8	1	3.8
Children in Poverty (% of children) Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)* Chlamydia (cases per 100,000 population) Pertussis (cases per 100,000 population) Salmonella (cases per 100,000 population) Occupational Fatalities (deaths per 100,000 workers) Violent Crime (offenses per 100,000 population) Community Servironment Total*	++++ ++++ ++++ +++ +++ ++++	13.9 -0.513 348.7 4.9 16.9 12.6 244 0.169	13 11 7 26 28 50 11 7	7.6 -1.107 233.3 0.4 9.3 2.0 124 0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)* Immunizations— Adolescents— HPV Males (% of females aged 13 to 17 years) HPV Males (% of males aged 13 to 17 years) Meningococcal (% of adolescents aged 13 to 17 years) Tdap (% of adolescents aged 13 to 17 years) Immunizations—Children (% of children aged 19 to 35 months) Public Health Funding (dollars per person) Uninsured (% of population) Policy Total*	+ + + + ++ + + + +	-1.368 33.9 19.9 54.2 86.7 62.8 \$110 11.5 -0.102	47 48 50 50 36 49 12 43 48	1.717 73.0 68.7 96.4 96.7 80.6 \$506 2.7 0.185
Clinical Care				
Dentists (number per 100,000 population) Low Birthweight (% of live births) Mental Health Providers (number per 100,000 population) Preventable Hospitalizations (discharges per 1,000 Medicare enrollees) Primary Gare Physicians (number per 100,000 population) Clinical Care Total* All Determinants*	+++ ++ ++++ + +++	53.1 8.6 310.2 43.1 105.7 -0.028	28 35 12 16 48 32	88.5 5.8 547.3 23.3 451.1 0.180
Outcomes				
Cancer Deaths (deaths per 100,000 population) Cardiovascular Deaths (deaths per 100,000 population) Diabetes (% of adults) Disparity in Health Status (% difference by high school education) Frequent Mental Distress (% of adults) Frequent Physical Distress (% of adults) Infant Mortality (deaths per 1,000 live births) Premature Death (years lost before age 75 per 100,000 population) All Outcomes* OVERALL*	+++++ +++ +++ +++ +++ +++ +++ +++	170.3 233.1 8.3 26.4 12.1 11.7 5.7 8,130 0.084 0.067	7 21 6 21 28 24 20 34 19 26	150.5 189.7 6.6 8.1 8.3 8.2 4.2 5,555 0.254 0.916

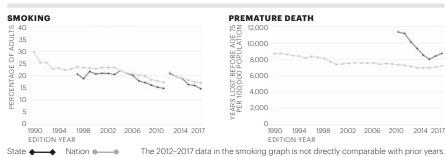
^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



District of Columbia

	2017 Value	No. 1 State
Behaviors		
Drug Deaths (deaths per 100,000 population)	17.9	5.7
Excessive Drinking (% of adults)	29.0	11.8
RATING Symbol Rank High School Graduation (% of students)	68.5	90.8
+++++ 1-10 Obesity (% of adults) +++++ 11-20 Physical Inactivity (% of adults)	22.6 16.2	22.3 15.7
+++ 21-30 ++ 31-40 Smoking (% of adults)	14.7	8.8
+ 41-50 Behaviors Total*	14.7 —	0.295
		0.200
Community & Environment		
Air Pollution (micrograms of fine particles per cubic meter)	10.4	3.8
Children in Poverty (% of children)	22.6	7.6
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)* Chlamydia (cases per 100,000 population)	N/A 1198.1	-1.107 233.3
Infectious Disease—Pertussis (cases per 100,000 population)	1.6	0.4
Salmonella (cases per 100,000 population)	18.2	9.3
Occupational Fatalities (deaths per 100,000 workers)	6.1	2.0
Violent Crime (offenses per 100,000 population)	1,206	124
Community & Environment Total*	_	0.324
·		
Policy		4747
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	N/A	1.717
Immunizations— HPV Females (% of females aged 13 to 17 years) HPV Males (% of males aged 13 to 17 years)	65.1	73.0 68.7
Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	58.8 86.9	96.4
Tdap (% of adolescents aged 13 to 17 years)	86.5	96.7
Immunizations—Children (% of children aged 19 to 35 months)	68.2	80.6
Public Health Funding (dollars per person)	\$506	\$506
Uninsured (% of population)	3.9	27
Policy Total*	C+2,	0.185
	V	N
Dentists (number per 100 000 population)	88.5	88.5
Low Birthweight (% of live births)	10.0	5.8
Mental Health Providers (number per 100,000 population)	470.5	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare emollees)	38.3	23.3
Primary Care Physicians (number per 100,000 population)	451.1	451.1
Clinical Care Total*	()-	0.180
All Determinants*		0.778
All Determinants	_	0.770
Outcomes		
Cancer Deaths (deaths per 100,000 population)	207.4	150.5
Cardiovascular Deaths (deaths per 100,000 population)	296.9	189.7
Diabetes (% of adults) Disparity in Health Status (% difference by high school education)	7.7 24.8	6.6
Frequent Mental Distress (% of adults)	24.8 9.1	8.1 8.3
Frequent Physical Distress (% of adults)	9.1 8.2	8.2
Infant Mortality (deaths per 1,000 live births)	7.9	4.2
Premature Death (years lost before age 75 per 100,000 population)	8,739	5,555
All Outcomes*		0.254

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.





Strengths:

- · Low prevalence of physical inactivity
- Low percentage of uninsured population
- · Low prevalence of diabetes

Challenges:

- · High prevalence of excessive drinking
- · High percentage of children in poverty
- High infant mortality rate

- In the past five years, smoking decreased % from 20.8% to 14.7% of adults In the past three years, drug deaths increased 29% from 13.9 to 17.9 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 63% from 10.6% to 3.9% of the population
- In the past five years, chlamydia increased 29% from 928.8 to 1198.1 cases per 100,000 population
- In the past five years, diabetes decreased 15% from 9.1% to 7.7% of

State Health Department Website: doh.dc.gov

United States

Highlights:

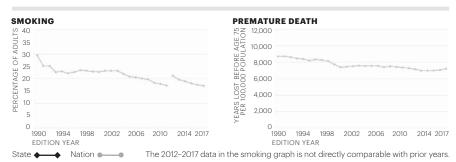
- In the past year, the infant mortality rate did not change. In the past 10 years, the infant mortality rate decreased 13 percent from 6.8 to 5.9 deaths per 1,000 live births
- · In the past two years, cardiovascular deaths increased 2% from 250.8 to 254.6 deaths per 100,000 population
- In the past three years, premature death increased 3% from 6,976 to 7,214 years lost before age 75 per 100,000 population
- · In the past five years, smoking decreased 19% from 21.2% to 17.1% of adults
- In the past five years, diabetes increased 11% from 9.5% to 10.5% of adults
- In the past five years, the percentage uninsured decreased 44% from 16.0% to 9.0% of the population
- In the past 10 years, drug deaths increased 60% from 9.4 to 15.0 deaths per 100,000 population
- In the past 15 years, preventable hospitalizations decreased 39% from 80.7 to 49.4 discharges per 1,000 Medicare enrollees
- In the past 10 years, air pollution decreased 30% from 12.2 to 8.6 micrograms of fine particles per cubic meter
- · Since 1990, children in poverty decreased 13% from 20.6% to 18.0% of children

State Health Department Website:

www.hhs.gov

	2017 Value	No. 1 State
Behaviors		
Drug Deaths (deaths per 100,000 population) Excessive Drinking (% of adults) Rating Symbol + 10	15.0 18.5 83.2 29.9 23.1 17.1 —	5.7 11.8 90.8 22.3 15.7 8.8 0.295
Community & Environment		
Air Pollution (micrograms of fine particles per cubic meter)	8.6	3.8
Infectious Disease (mean z score of chlamydia, pertussis and Salmonella)* Chlamydia (cases per 100,000 population) Pertussis (cases per 100,000 population) Salmonella (cases per 100,000 population) Occupational Fatalities (deaths per 100,000 workers) Violent Crime (offenses per 100,000 population) Community & Bayironment Total*	18.0 0.000 478.8 6.5 17.2 4.3 397	7.6 -1.107 233.3 0.4 9.3 2.0 124 0.324
Policy		
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap) Immunizations— Adolescents—HPV Females (% of females aged 13 to 17 years) HPV Males (% of males aged 13 to 17 years) Meningococcal (% of adolescents aged 13 to 17 years) Tdap (% of adolescents aged 13 to 17 years) Immunizations—Children (% of children aged 19 to 35 months) Public Health Funding (dollars per person) Uninsured (% of population) Policy Total*	0.000 49.5 37.5 82.2 88.0 70.7 \$86 9.0	1.717 73.0 68.7 96.4 96.7 80.6 \$506 2.7 0.185
Clinical Care		
Dentists (number per 100,000 population) Low Birthweight (% of live births) Mental Health Providers (number per 100,000 population) Preventable Hospitalizations (discharges per 1,000 Medicare enrollees) Primary Care Physicians (number per 100,000 population) Clinical Care Total* All Determinants*	60.8 8.1 218.0 49.4 149.7 —	88.5 5.8 547.3 23.3 451.1 0.180
Outcomes		
Cancer Deaths (deaths per 100,000 population) Cardiovascular Deaths (deaths per 100,000 population) Diabetes (% of adults) Disparity in Health Status (% difference by high school education) Frequent Mental Distress (% of adults) Frequent Physical Distress (% of adults) Infant Mortality (deaths per 1,000 live births) Premature Death (years lost before age 75 per 100,000 population) All Outcomes* OVERALL*	189.8 254.6 10.5 29.1 11.7 11.7 5.9 7,214	150.5 189.7 6.6 8.1 8.3 8.2 4.2 5,555 0.254 0.916

^{*} Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.



Embaro Ann Appendix

Oecember December

Appendix

Table 5 **Core Measures**

Measure	Description	Source, Data Year(s)
Drug Deaths	Age-adjusted number of deaths due to drug injury of any intent (unintentional, suicide, homicide or undetermined) per 100,000 population	Centers for Disease Control and Prevention (CDC), National Vital Statistics System, 2013-2015
Excessive Drinking	Percentage of adults who reported either binge drinking (having four or more [women] or five or more [men] drinks on one occasion in the past 30 days) or chronic drinking (having eight or more [women] or 15 or more [men] drinks per week)	CDC, Behavioral Risk Factor Surveillance System, 2016
High School Graduation*	Percentage of high school students who graduate with a regular high school diploma within four years of starting ninth grade (ACGR)	U.S. Department of Education, National Center for Education Statistics, 2014-2015
Obesity	Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight	CDC, Behavioral Risk Factor Surveillance System, 2016
Physical Inactivity	Percentage of adults who reported doing no physical activity or exercise other than their regular job in the past 30 days	CDC, Behavioral Risk Factor Surveillance System, 2016
Smoking	Percentage of adults who are smokers (reported smoking at least 100 eigarettes in their lifetime and currently smoke every or some days)	CDC, Behavioral Risk Factor Surveillance System, 2016
Air Pollution	Average exposure of the general public to	U.S. Environmental Protection Agency,

Community & Environment

<	particulate matter of 2.5 microns or less in size (PM2.5)	2014-2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2014-2016
Children in Poverty	Percentage of children younger than 18 who live in households at or below the poverty threshold	U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2016
Infectious Disease	Mean z score of the incidence of chlamydia, pertussis and Salmonella per 100,000 population	America's Health Rankings composite measure, 2017
— Chlamydia	Number of new cases of chlamydia per 100,000 population	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas, 2015
— Pertussis	Number of new cases of pertussis per 100,000 population	CDC, Morbidity and Mortality Weekly Report (MMWR), Summary of Notifiable Infectious Diseases and Conditions, 2015
— Salmonella	Number of new cases of <i>Salmonella</i> per 100,000 population	CDC, MMWR, Summary of Notifiable Infectious Diseases and Conditions, 2015
Occupational Fatalities	Number of fatal occupational injuries in construction, manufacturing, trade, transportation, utilities and professional and business services per 100,000 workers	U.S. Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2013-2015; U.S. Bureau of Economic Analysis, 2013-2015
Violent Crime	Number of murders, rapes, robberies and aggravated assaults per 100,000 population	Federal Bureau of Investigation, 2016

^{*} Data appearing in this edition are the same that appeared in the 2016 edition; an update was not available at the time of this publication.

Policy

Measure Immunizations — Adolescents	Description Mean z score of the percentage of adolescents aged 13 to 17 who received >=1 dose of Tdap vaccine since age 10, >=1 dose of meningococcal vaccine and all recommended doses of human papillomavirus vaccine	Source, Data Year(s) America's Health Rankings composite measure, 2017
— HPV Females	Percentage of females aged 13 to 17 who are up to date on all recommended doses of human papillomavirus (HPV) vaccine	CDC, National Immunization Survey, 2016
— HPV Males	Percentage of males aged 13 to 17 who are up to date on all recommended doses of human papillomavirus (HPV) vaccine	CDC, National Immunization Survey, 2016
— Meningococcal	Percentage of adolescents aged 13 to 17 who received >=1 dose of meningococcal conjugate vaccine (MenACWY)	CDC, National Immunization Survey, 2016
— Tdap	Percentage of adolescents aged 13 to 17 who received >=1 dose of tetanus, diphtheria and acellular pertussis (Tdap) vaccine since age 10	CDC, National Immunization Survey, 2016
Immunizations — Children	Percentage of children aged 19 to 35 months who received recommended doses of cliphtheria, tetanus and acellular pertussis (DTaP), measles, mumps and rubella (MMR), polio, Haemophilus influenzae type b (Hib), hepatitis B, varicella and pneumococcal conjugate vaccines	CDC, National Immunization Survey, 2016
Public Health Funding	State dollars dedicated to public health and federal dollars directed to states by the Centers for Disease Control and Prevention and the Health Resources Services Administration per person	Trust For America's Health, 2015-2016; U.S. Department of Health and Human Services (HHS), 2015-2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2015-2016
Uninsured	Percentage of the population that does not have health insurance privately, through their employer or through the government	U.S. Census Bureau, American Community Survey, 2015-2016

Clinical Care

Dentists	Number of practicing dentists per 100,000 population	American Dental Association, 2016
Low Birthweight	Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth	CDC, National Vital Statistics System, 2015
Mental Health Providers	Number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, providers that treat alcohol and other drug abuse and advanced practice nurses specializing in mental health care per 100,000 population	U.S. HHS, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, 2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2016
Preventable Hospitalizations	Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees aged 65 and older	The Dartmouth Atlas of Health Care, 2015
Primary Care Physicians	Number of active primary care physicians (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine) per 100,000 population	American Medical Association, Special data request for active state licensed physicians provided by Redi-Data, Inc., Sept 18, 2017; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2016

Appendix

Table 5 **Core Measures, continued**

Outcomes

Measure Cancer Deaths	Description Age-adjusted number of deaths due to all causes of cancer per 100,000 population	Source, Data Year(s) CDC, National Vital Statistics System, 2013-2015
Cardiovascular Deaths	Age-adjusted number of deaths due to all cardiovascular diseases including heart disease and stroke per 100,000 population	CDC, National Vital Statistics System, 2013-2015
Diabetes	Percentage of adults who reported being told by a health professional that they have diabetes (excludes prediabetes and gestational diabetes)	CDC, Behavioral Risk Factor Surveillance System, 2016
Disparity in Health Status	Difference between the percentage of adults with at least a high school education compared with those without who reported their health is very good or excellent (adults <25 years excluded)	CDC, Behavioral Risk Factor Surveillance System, 2016
Frequent Mental Distress	Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days	CDC, Behavioral Risk Factor Surveillance System, 2016
Frequent Physical Distress	Percentage of adults who reported their physical health was not good 14 or more days in the past 30 days	CDC, Behavioral Risk Factor Surveillance System, 2016
Infant Mortality	Number of infant deaths (before age 1 year) per 1,000 live births	CDC, National Vital Statistics System, 2014-2015
Premature Death	Number of years of potential life lost before age 75 per 100,000 population	CDC, National Vital Statistics System, 2015

Table 6 **Supplemental Measures**

Measure	Description	Source, Data Year(s)
Binge Drinking	Percentage of adults who reported having four or more (women) or five or more (men) drinks on one occasion in the past 30 days	Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System, 2016
Chronic Drinking	Percentage of adults who reported having eight or more (women) or 15 or more (men) drinks per week	CDC, Behavioral Risk Factor Surveillance System, 2016
Fruits*	Mean number of fruits consumed per day by adults	CDC, Behavioral Risk Factor Surveillance System, 2015
Insufficient Sleep	Percentage of adults who reported sleeping less than seven hours in a 24-hour period on average	CDC, Behavioral Risk Factor Surveillance System, 2016
Seat Belt Use	Percentage of adults who reported always using a seat belt when driving or riding in a car	CDC, Behavioral Risk Factor Surveillance System, 2016
Vegetables*	Mean number of vegetables consumed per day by adults	CDC, Behavioral Risk Factor Surveillance System, 2015
Disconnected Youth	Percentage of teens and young adults aged 16 to 24 who are neither working nor in school	Measure of America of the Social Science Research

Community & Environment

	Joseph Williams	Council, Promising Gains, Persistent Gaps Youth Disconnection in America 2017 Report, 2015
Income Inequity	Inequality on the Gini scale is measured between zero, where everyone earns the same income, and one, where all the country's income is earned by a single person	U.S. Census Bureau, American Community Survey, 2016
Median Household Income	Dollar amount that divides the household income distribution into two equal groups	U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2016
Neighborhood Amenities	Percentage of children aged 0 to 17 with access to parks or playgrounds, recreation or community centers, libraries or book mobiles, and sidewalks or walking paths	Data Resource Center for Child and Adolescent Health, <i>National</i> Survey of Children's Health, 2016
Underemployment Rate	Percentage of the civilian labor force that is unemployed, plus all marginally attached workers, plus the total employed part-time for economic reasons (U-6 definition)	U.S. Bureau of Labor Statistics, 2016
Unemployment Rate	Percentage of the civilian labor force that is unemployed (U-3 definition)	U.S. Bureau of Labor Statistics, 2016

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^{**} Data appearing in this edition are the same that appeared in the 2016 edition; an update was not available at the time of this publication.

Policy	

Measure	Description	Source, Data Year(s)
Water Fluoridation**	Percentage of population served by community water systems who receive fluoridated water	CDC, Water Fluoridation Reporting System, 2014

Clinical Care

Cholesterol Check*	Percentage of adults who reported having their blood	(CDC), Behavioral Risk Factor
	cholesterol checked within the past five years	Surveillance System, 2015

Colorectal Cancer Screening	Percentage of adults aged 50 to 75 who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval (fecal occult blood test (FOBT) within the past year, colonoscopy within the past 10 years, or a sigmoidoscopy within five years and a home FOBT within the past three years)	CDC, Behavioral Risk Factor Surveillance System, 2016
Dedicated Health Care Provider	Percentage of adults who reported having one or more people they think of as their personal doctor or health care provider	CDC, Behavioral Risk Factor Surveillance System, 2016
Dental Visit, Annual	Percentage of adults who reported visiting the dentist or dental clinic within the past year for any reason	CDC, Behavioral Risk Factor Surveillance System, 2016

Outcomes

Heart Attack	Percentage of adults who reported being told by a health pro- fessional that they had a heart attack (myocardial infarction)	CDC, Behavioral Risk Factor Surveillance System, 2016
Heart Disease	Percentage of adults who reported being told by a health professional that they have angina or coronary heart disease	CDC, Behavioral Risk Factor Surveillance System, 2016
High Blood Pressure*	Percentage of adults who reported being told by a health professional that they have high blood pressure	CDC, Behavioral Risk Factor Surveillance System, 2015
High Cholesterol*	Percentage of adults who reported having their cholesterol checked and were told by a health professional that it was high	CDC, Behavioral Risk Factor Surveillance System, 2015
High Health Status	Percentage of adults who reported that their health is very good or excellent	CDC, Behavioral Risk Factor Surveillance System, 2016
Injury Deaths	Age-adjusted number of deaths due to injury per 100,000 population	CDC, National Vital Statistics System, 2013-2015
Poor Mental Health Days	Mean number of days in the past 30 days adults reported their mental health was not good	CDC, Behavioral Risk Factor Surveillance System, 2016
Poor Physical Health Days	Mean number of days in the past 30 days adults reported their physical health was not good	CDC, Behavioral Risk Factor Surveillance System, 2016
Stroke	Percentage of adults who reported being told by a health professional that they had a stroke	CDC, Behavioral Risk Factor Surveillance System, 2016
Suicide	Age-adjusted number of deaths due to intentional self-harm per 100,000 population	CDC, National Vital Statistics System, 2015
Six+ Teeth Extractions	Percentage of adults aged 45 to 64 who reported having six or more permanent teeth removed because of tooth decay or gum disease	CDC, Behavioral Risk Factor Surveillance System, 2016

^{*} Data are collected on an every-other-year basis; the data appearing in this edition are the same that appeared in the 2016 edition.

^{**} Data appearing in this edition are the same that appeared in the 2016 edition; an update was not available at the time of this publication.

Methodology

Rankings Calculation

For each measure, the most recent state-level data as of November 2, 2017 is presented as the value. The z score for each measure is based on the following formula:

State value - U.S. value z score = -Standard deviation of all state values

The z score indicates the number of standard deviations a state value is above or below the U.S. value. A 0.00 indicates a state has the same value as the U.S. States with higher values than the U.S. value have a positive score, while states that perform below the U.S. value have a negative score. To prevent an extreme score from exerting excessive influence, the maximum score for measure is capped at +/- 2.00. If a U.S. value is not available from the original data source for a measure, the mean of all state alues is used For measures from the Behavioral Risk Fact Surveillance System (BRFSS), the median of the state values is used for the U.S. value to conform to the Centers for Disease Control and Prevention methodology.

The ranking of each measure is the orderi of states according to value, with the exception of Immunizations — Adolescents and

Disease, which are ranked according to score. Ties in values are assigned equal ranks.

The state rankings is the ordering of each state according to its overall score. A state's overall score is calculated by adding the products of the z score for each core measure multiplied by its assigned weight (the percentage of the total overall ranking). If a value is not available for a state, the state's score is set to zero for that measure. Measure weights can be found at www. Ame icas Health Rankings.org/AR16/about.

For a more detailed methodology, please AmericasHealthRankings.org/about/

Considerations

Data presented in this report are aggregated at the state level and cannot be used to make inferences at the individual level. Values and rankings from prior years are updated on our website to reflect known errors or updates from the reporting source.

The error bars on subpopulation graphs represent the 95 percent confidence interval.

Appendix

Model Development

The measures and model for America's Health Rankings Annual Report were developed by an advisory committee (page 170), led by Anna Schenck, Ph.D., M.S.P.H. from the University of North Carolina Gillings School of Global Public Health. The advisory committee represents a variety of stakeholders including representatives from state health departments, members of the Association of State and Territorial Health Officials and the American Public Health Association, as well as experts from academic disciplines such as epidemiology and health economics.

Each year, the advisory committee reviews the model and measures to improve existing measures, integrate new data sources and make adjustments for changing availability of information. In addition to the changes implemented in 2017, the committee continue to explore new data sources that could enhance our model of population health. In particular, we are interested in state-level data for topics such as distracted driving, physical activity, and built environments

2017 Edition Model and **Measure Revisions**

The following changes were made at the recommendation of the advisory committee. For data source details see Tables 5 and 6.

New Core Measure

Mental Health Providers was added to the clinical care category of the model to broaden the definition of clinical care to include mental health care in addition to primary care and dental care. Mental Health Providers is defined as the number of psychiatrists, psychologists, licensed clinical social workers, counselors, riage and family therapists, providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care per 100,000 population. With the addition of this measure to the model, the clinical care category weight was redistributed equally between the five clinical care measures.

New Supplemental Measures

Disconnected Youth was added as a supplemental community & environment measure. It is defined as the percentage of teens and young adults aged 16 to 24 who are neither working nor in school.

Neighborhood Amenities was added as a supplemental community & environment measure to represent the built environment. It is defined as the percentage of children aged O to 17 with access to parks or playgrounds, recreation or community centers, libraries or book mobiles, and sidewalks or walking paths. Dedicated Health Care Provider was added as a supplemental clinical care measure. It is defined as the percentage of adults who reported having one or more people they think of as their personal doctor or health care provider.

Six+ Teeth Extractions was added as a supplemental measure to capture oral health outcomes. It is defined as the percentage of adults aged 45 to 64 who reported having six or more teeth extracted.

Measure Name Change

Lack of insurance was renamed Uninsured. The definition and data source remain the same.

Measure Methodology Change Public Health Funding

This year, rather than an average of states and the District of Colum presented in previous editions average was calculated using the U each of the three funding in the numerator.

Immunizations-Adolescents, **HPV Females & Males**

The Advisory Committee on Immuniza Practices released updated human papillomavirus (HPV) vaccination recommendations in December 2016. A new two-dose schedule is recommended for females and males who initiate the vaccination series between ages 9 and 14. Three doses are still recommended for those who initiate the vaccination series at ages 15 through 26 and for immunocompromised persons. Based on the new recommendations, the HPV immunization measures are now defined as the percentage of adolescents aged 13 to 17 who are up to date on all recommended doses of HPV vaccine. The previous definition was based on the initial ries recommendation.

Appendix

Annual Report Advisory Committee

The Annual Report Advisory Committee provided guidance in the selection of measures and the design of the 2017 America's Health Rankings Annual Report.

Anna Schenck, Ph.D., M.S.P.H., Chair

Director, Public Health Leadership Program UNC Gillings School of Global Public Health University of North Carolina at Chapel Hill

Dennis P Andrulis, Ph.D., M.P.H.

Senior Research Scientist Texas Health Institute

Andrew Coburn, Ph.D.

Professor and Associate Dean Muskie School of Public Service University of Southern Maine

Leah Devlin, D.D.S., M.P.H.

Professor of the Practice, Health Management **UNC Gillings School of** University of North Carolina

Marisa Domino, Ph.D.

Professor, Health Policy and Managemen UNC Gillings School of Global Public Hea University of North Carolina at Chapel

John Dreyzehner, M.D., M.P.H., F.A.C.O.E.M.

Commissioner of Health Tennessee Department of Health

Tom Eckstein, M.B.A.

Principal Arundel Metrics, Inc.

Jonathan E Fielding, M.D., M.P.H., M.B.A., M.A.

Professor of Health Services and Pediatrics UCLA School of Public Health Former Director of Public Health and Health Officer, Los Angeles County Department of Public Health

Marthe Gold, M.D.

Senior Scholar in Residence New York Academy of Medicine

Cutchfield Endowed Professor vices and Systems Research tucky College of Public Health

Fulton County Department of Health and Wellness

Anne-Marie Meyer, Ph.D. Faculty Director

Integrated Cancer Information and Surveillance

ineberger Comprehensive Cancer Center

Sarah Milder, M.P.H.

Principal Arundel Metrics, Inc.

Rhonda Randall, D.O.

Chief Medical Officer UnitedHealthcare Retiree Solutions

Patrick Remington, M.D., M.P.H.

Associate Dean for Public Health University of Wisconsin School of Medicine and Public Health

Thomas C Ricketts, Ph.D., M.P.H.

Professor of Health Policy and Administration and Social Medicine UNC Gillings School of Global Public Health University of North Carolina at Chapel Hill

The Team

America's Health Rankings Annual Report is a team effort in which all contribute a vital part to the creation and dissemination of this report. Members of this team, listed alphabetically by organization, follow:

Mary C Selecky

Retired Secretary of Health Washington State

Katie Sellers, D.P.H.

Senior Vice President, Science and Strategy March of Dimes

Leiyu Shi, Ph.D.

Professor Department of Health Policy and Management Co-Director, Primary Care Policy Center for the Underserved Johns Hopkins University School Public Health

Steven Teutsch, M.D., M.P.H.

Chief Science Officer Los Angeles County Department of Public Health Director and Health Officer

Aldrich Design

Emily Aldrich Jenna Brouse Andrea Egbert Angela Hagen

rundel Metrics, Inc.

lelanie Buhl

The Glover Park Group

ate Ackerman Alvaro Giorgetta Joe Gonzalez Lee Jenkins Amanda Keating Laura Peterson Andre Malkine Dan Stone Amelia Williams

Reservoir Communications Group

Christine Harrison **Greg Jarvis David Lumbert** Robert Schooling

United Health Foundation

Alyssa Erickson L.D. Platt Dr. Rhonda Randall Anne Yau

Appendix

The 2017 edition of America's Health Rankings Annual Report is available in its entirety at www.AmericasHealthRankings.org. Visit the site to request or download the report. It is funded by United Health Foundation, a 501(c)(3) organization.

Data for this report were obtained from and used with permission of:

American Dental Association

American Medical Association, special data request for information on active state licensed physicians provided by Redi-Data, Inc, September 19, 2017

The Dartmouth Atlas of Health Care

Measure of America, a project of the Social Science Research Council

Trust for America's Health

U.S. Department of Commerce

Census Bureau

Bureau of Economic Analysis

U.S. Department of Education

National Center for Education Statistics

U.S. Department of Health and Human Services

Centers for Disease Control and Prev

Centers for Medicare and Medicaid

Health Resources & Services

U.S. Department of Justice

Federal Bureau of Inve

U.S. Department of Labor

Bureau of Labor Statisti

U.S. Environmental Protection

World Health Organization

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Arundel Metrics, Inc., of Saint Paul, Minnesota, conducted this project for and in cooperation with United Health Foundation.

Design by Aldrich Design, Saint Paul, Minnesota.

Please direct questions and comments on the report to United Health Foundation at unitedhealthfoundationinfo@uhg.org.

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Chubel Vision December 17.

United Health Foundation 9900 Bren Road East Minnetonka, MN 55343

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